



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Christina Mullins, MA
Acting Cabinet Secretary

Christy D. Donohue, CMC
Commissioner

CASH WAIVER FORM

DATE: ____/____/____

Submission of this form to the Bureau for Medical Services (BMS) is voluntary and is not required by any BMS policy or regulation but is encouraged. Payment for quantities of medications dispensed and covered by BMS Pharmacy Services policy is not jeopardized by submission of this form.

Member Name (print) _____

Member ID# _____

Pharmacy Name _____ Pharmacy NPI # _____

Medication Needing PA _____

Prescriber _____ Prescriber NPI # _____

Total Quantity Prescribed _____ Days' Supply _____

Quantity for Cash Payment _____ Amount Paid _____

Some medications, or quantities of medications, require Prior Authorization. This means additional information is needed from the prescriber. If the request meets BMS Pharmacy Program criteria, the Bureau will approve the request. The member will be charged only the Medicaid co-pay for the authorized medication.

By signing below, you indicate that you understand the following:

- **You have been informed that this medication requires Prior Authorization by the Bureau.**
- **You have chosen not to request Prior Authorization through the pharmacy or the prescriber.**
- **In order to receive this medication without the Bureau's Prior Authorization, you will have to pay the usual and customary price of this medication.**

Member Signature _____

Pharmacy Representative Signature _____

Prescriber

Please fax the completed form to the Bureau for Medical Services at 1-304-558-1542.

