

AMERICAN SECURITY RX
MEDICAID TAMPER-RESISTANT PRESCRIPTIONS

APPROVED STATES

AL, AL, AZ, AR, CO, CT, DE, GA, HI, ID

OR, IL, IA, KS, LA, MD, MA, MI, MN, MS

MO, MT, NE, NV, NH, NM, NC, ND, OH, OK

OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI



American Security Rx
10755-F Scripps Poway Parkway #422
San Diego, CA 92131

www.americansecurityrx.com
Tel. 1-877-290-4262
Fax. 1-877-290-4264

Order Form for Medicaid Tamper-Resistant Prescriptions (page 1)

◆ In the State of California, to write a control medication you need to use California Security Rx.

Please Print

To print info on prescription Check ☐ ▼

*NAME:		*STATE:
Medical Group/ Organization: ☐		
*Practice Address:		
*Phone No:		NPI # (Optional)
*DEA License #:	* State License #:	
E-mail Address: ☐		
Shipping Address: (if different from practice address ~ specify if residential address)		
Fax No: ☐		
☐ Multiple Providers ☐ Multiple Addresses -Use 2 nd page to enter additional information		
*Name, Address, Phone #, DEA Lic #, & State Lic # will be printed on the prescriptions.		

Office Contact information

Name: _____

Phone #: _____

Fax #: _____

Please select Medicaid Security Rx Form, Size, Format and Quantity:

Form: ☐ S-form-Single 1-part

☐ D-form-Carbon-less duplicate 2-part

Rx Size: ☐ 425 (4.25"x5.5")

☐ 800 (8"x 3.5")

☐ 850 (8.5"x 5.5")

☐ Laser (8.5"x 11") *please specify if blank laser*

Rx Quantity: ☐ 500

☐ 1000

☐ 2000

☐ 4000

(For quantities larger than 4000 please contact American Security Rx)

* ☐ **Rush Order** (2 Business days) - Additional \$25 fee for rush order. Please call to confirm status.

Payment with Credit Card or PO

Purchase Order #: _____

☐ Visa ☐ MasterCard ☐ Discover

Credit Card No: _____

Expiration Date: _____

Credit Card Security Code _____

Billing Address (if different from practice address): _____

Signature: _____

Date: _____

*Please mail or fax your signed order form to American Security Rx.



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Order Form for Medicaid Tamper-Resistant Prescriptions (page 2)

Multiple Providers: You can list multiple providers that have the same practice site on the same prescription. Please list the additional names with the license information. Mail or fax with a signed DEA license for each provider.

4 on the S-425 & D-425 12 on the S-800 and D-800 20 on S-850 and D-850

Please Print

Name 2:	
DEA License #:	State License #:
Name 3:	
DEA License #:	State License #:
Name 4:	
DEA License #:	State License #:
Name 5:	
DEA License #:	State License #:
Name 6:	
DEA License #:	State License #:
Name 7:	
DEA License #:	State License #:
Name 8:	
DEA License #:	State License #:
Name 9:	
DEA License #:	State License #:
Name 10:	
DEA License #:	State License #:

Multiple Addresses: You can list multiple practice sites for the same provider on the same prescription.

2 on the S-425 & D-425 4 on the S-800 and D-800 8 on S-850 and D-850

Please include the Tel # and/or Fax # for each additional address if you want it to be printed.

Address 2:
Address 3:
Address 4:
Address 5:



ASRX Price List for the Medicaid Tamper-Resistant Rx

Quantity.....500.....1000.....2000.....4000

S-425.....\$45.....\$75.....\$115.....\$175

D-425.....\$65.....\$110.....\$180.....\$290

S-800.....\$75.....\$125.....\$165.....\$210

D-800.....\$95.....\$150.....\$210.....\$350

Laser.....\$75.....\$140.....\$225.....\$325

For Prescription Layout, you can choose the standard **R1 Format** or the **R3 Format** which allows you to write up to three medications per Prescription with a separate set of quantity check off boxes for each medication/(**View Samples**).

Alternatively, you can customize your prescription layout and add your practice logo for an additional one time set up fee of \$25.

The prices for Tamper- Resistant Medicaid prescriptions are listed above. Unlike the California Security prescription, the Medicaid form does not require any sequential numbering and additional printing on the back of the prescription, hence lower prices.

You can order online at www.americansecurityrx.com or call American Security RX at 1-877-290-4262 for assistance.
