

# Caregiver prescription cost sheet

Use verified quotes for the same medication, strength, form, quantity, and days supplied.  
Complete by hand. Keep completed sheets private. This is not a medication administration record.

|                              | Prescription 1 | Prescription 2 | Prescription 3 |
|------------------------------|----------------|----------------|----------------|
| Product / strength / form    |                |                |                |
| Quantity / days supplied     |                |                |                |
| Pharmacy / quote date        |                |                |                |
| Cash total including fees    |                |                |                |
| Insurance total              |                |                |                |
| Discount total / eligibility |                |                |                |
| Selected option / total      |                |                |                |
| Ready date / delivery        |                |                |                |
| Question for pharmacy / plan |                |                |                |

## Before deciding

Confirm the final total, eligibility, and availability with the pharmacy. Ask your insurer how an outside-plan purchase affects benefits. Keep medication and dose decisions with your care team.

<https://rxcompare.app/resources/> | Free to share with attribution. Not medical advice.