

Pricing Research Request Form

Date

Pharmacy Information

Pharmacy Name:	
NCPDP#:	NPI#:
Contact Name:	Email:
Phone Number:	Fax Number:

Claim Information

Rx Number:		Date of Service:	
Amount Submitted:	Dispensing Fee:	Total Paid:	
Member Name:		Member Id:	
Drug Name & Strength:			
NDC Number:			
Qty Dispensed:	Days' Supply:	U&C Price:	

Prescription Copy, and Invoice or Proof of Acquisition Cost (less than 6 months of the purchase) must accompany this request. Incomplete requests will not be processed.

Send the completed form, along with required supporting documentation to Fax: 1-866-912-2830 and/or Email: mac.appeals@pharmpix.com. For questions call: 787-522-5252 ext.184.

As stated in the Provider Manual, requests will be reviewed as soon as possible, but no later than 10 business days from the date on which the request was received by PharmPix. Only prescriptions with 90 days of process in our system will be considered for evaluation for cost revision.

For PharmPix use:

Date received		Date reviewed		By (initials)	
Approved/Denied		Notification Date		By (initials)	

The information transmitted is intended only for the person or entity to which it is addressed and may contain lawyer/client and/or corporate, privileged confidential material. Any review, retransmission, dissemination, printing or other use of, or taking of any action in reliance upon, this information by sons or entities other than the intended recipient is strictly prohibited. Anyone who voluntarily and/or willingly alters, manipulates, use and/or make public these contents and/or attachments could face criminal charges and will be liable for civil damages. If you receive this in error, please immediately contact (reply) the sender by e-mail or by telephone at 787-522-5252, Then delete and destroy all copies, printed or e-mailed, of this communication and its attachments thereof on hand and from your system.

pharmpix

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ACCREDITED
Pharmacy Benefit Management

Expires: 12/01/2028