

PRICING RESEARCH REQUEST FORM

DATE _____

Pharmacy Information

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

Claim Information

| | | | |
|----------------------------------|------------------------|-----------------------|--|
| Rx Number: | | Fill Date: | |
| Amount Submitted: | Dispensing Fee: | Total Paid: | |
| Drug Name & Strength: | | | |
| NDC Number: | | | |
| Qty Dispensed: | Days' Supply: | U&C Price: | |

Prescription Copy, and Invoice or Proof of Acquisition Cost must accompany this request. Incomplete requests will not be processed. Send completed form, along with required supporting documentation to (787)522-5253. As stated in the Provider Manual, requests will be reviewed as soon as possible, but no later than 10 business days from date in which request was received by PharmPiX.

For PharmPiX use:

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

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