



### Prescriptions Reimbursed Below Cost Research Request Form

This form is to be completed by the pharmacy and faxed along with a copy of the invoice directly to Change Healthcare at 1-877-308-6931. Change Healthcare will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research. **All disputes must be submitted to Change Healthcare for review within 30 days of the date of service.**

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NPI #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Pharmacy Phone #: \_\_\_\_\_

Pharmacy Fax #: \_\_\_\_\_

Drug Name: \_\_\_\_\_

NDC #: \_\_\_\_\_

Please include:

- Copy of recent Invoice for the claim in question. (All invoice information must be seen)
- Copy of the Claim initiating the inquiry for reimbursement review. (Claim must show RX#, NDC#, DOS and Amt paid).

Thank you,

Wyoming SMAC Helpdesk  
1-877-206-4714 Phone  
1-877-308-6931 Fax

