



## 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 and claim information directly to Change Healthcare (1-877-781-7982). We will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research.

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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,  
Illinois SMAC Helpdesk  
1-877-256-7330 voice  
1-877-781-7982 fax

Web site: <http://www.ilsmac.com>