

# Request to Reverse a Pharmacy Claim



**Instructions:** Use this form to request the reversal of a Pharmacy claim. Once fully completed, send it by fax (1-866-277-6556 or 1-866-387-3487) and call our Pharmacy Call Center at 1-888-311-6001.

Pharmacy's Information			
Pharmacy Name			
NCPDP		NPI	
Telephone		Fax	
Insured's Information			
Member ID			
Members' Name			
Coverage <i>(e.g. ASES, Commercial)</i>			
Name of the Health Insurance or Group <i>(e.g. BPPR, BMS, Walmart, AMGEN, ASES, MAPFRE, MCS)</i>			
Related to the Pharmacy Claim			
Claim Number		Claim Date <i>(mm/dd/yyyy)</i>	
Drug Name			
Drug Strength, Dose			
Describe the reason for the claim reversal			
Pharmacist who spoke with the prescriber	Name	Signature	
Date <i>(mm/dd/yyyy)</i>			



**Important: Have you completed all fields?** If you have questions regarding this form, please contact us at 1-888-311-6001.

This information is for the exclusive use of the person or entity to which it is addressed. It includes health information that is personal and sensitive, of a privileged and confidential nature. It has been transmitted after receiving the patient's authorization or under circumstances that do not require his authorization. The person or entity to whom the information is directed have the obligation to keep it safe, protected and confidential. Disclosing, photocopying and / or disseminating this information to third parties without authorization is totally prohibited and penalized under federal and state laws. If you receive this information by error, notify us immediately and destroy it or as soon as possible.

For MC-21 Use		<input type="checkbox"/> Reversed <input type="checkbox"/> Not reversed	
Pharmacy Name:			
Claim Number:			
Reason:			
Authorized Representative		Name	Signature
Date ( <i>mm/dd/yyyy</i> )			