

Generic Pricing (MAC) Appeal Form

Date

Pharmacy Information

Pharmacy Name

Pharmacy NCPDP/NPI

Contact Name

Phone Number Fax Number

Email

Member Information

Rx Number Member ID

Claim Information

Claim Reference Number

BIN NDC

Fill Date Qty Dispensed

Drug Name

Invoice Price

Additional Information

Please complete this form and email to reimbursement@procarerx.com

- All fields must be completed when submitting the form.
- **Incomplete forms will not be accepted.**
- Completed appeals must be sent within 60 days of actual claim fill date, or in accordance with state law.
- Duplicate claims will **not** be reviewed.
- Review of any individual claim reference number is **final** and will not be reviewed again.
- Reviews and final decisions shall be determined and conveyed at the sole discretion of ProCare Rx, except as required by law, where applicable.