

Third Party Payment Discrepancy Facsimile Reporting Form

TO:		FROM:	
Insurance Company		Pharmacy Name	
Fax #	()	Fax #	()
BIN #		NPI #	
Address		Address	
Telephone #	()	Telephone #	()
Contact Name		Contact Name	
E-mail Address		E-mail Address	
COPY TO:	Michigan Pharmacists Association Attention: Eric Liu, MPA director of professional affairs; EricL@MichiganPharmacists.org	<input type="checkbox"/> Check here if supplier invoice is included <input type="checkbox"/> Other (Please explain): _____	
Fax #	(517) 484-4893		
SUBJECT: Our pharmacy has experienced a discrepancy related to the payment for the following product. We are asking you to review the information on the product listed below and RESPOND WITH THE RESULTS OF YOUR INVESTIGATION WITHIN 72 HOURS . If you require additional information, please contact us.			

Product Information

Name		GCN/Strength	
Dosage Form		NDC #	
Manufacturer		GPI #	
AWP/Unit		MAC/Unit	
Date of Service		Unit Size	

Reason for Payment Discrepancy

- ☐ Recent price/cost increase

☐ Product not available in marketplace

☐ Mail order—90-day supply

☐ Limited number of manufacturers (<3)

☐ Inappropriate established MAC price

☐ Adjudication issue/claims reversal

☐ Other _____

Additional Information: _____ _____ _____ _____
Payor's Response: _____ _____ _____

IMPORTANT

This message is intended only for the use of the addressee and may contain information that is privileged, confidential, and prohibited from disclosure under applicable law.

IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AT THE PHARMACY TELEPHONE NUMBER LISTED ABOVE AND RETURN THE ORIGINAL MESSAGE TO THE SENDER AT THE PHARMACY ADDRESS ABOVE VIA THE U.S. POSTAL SERVICE.