



**Department of Vermont Health Access**  
 Agency of Human Services

**Prescription(s) 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 Goold Health Systems (GHS) at 844-679-5367.**

**Appeals must be received within 10 calendar days of claim adjudication date**, GHS will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research within 10 calendar days of receipt of a timely appeal request.

National Provider Identifier (NPI) #	
Pharmacy Name	
Contact Name	
Pharmacy Phone #	
Pharmacy Fax #	
Pharmacy Email Address	
Drug Name	
National Drug Code (NDC) #	

**Please include:**

- A copy of a recent invoice for the medication in question.
- A copy of the claim initiating the inquiry for reimbursement review. Acceptable forms of documentation include the secondary label or a screenshot. The claim must show Rx number, NDC number, date of service, and amount paid.

**Comments:**

If you have any questions please contact the GHS pharmacy helpdesk at 1-844-679-5362

