



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

GHS will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research.

National Provider Identifier (NPI) #	
Pharmacy Name	
Contact Name	
Pharmacy Phone #	
Pharmacy Fax #	
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

Thank you

