



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 Change Healthcare at 844-679-5367.

Appeals must be received within 10 calendar days of claim adjudication date, Change Healthcare 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 Change Healthcare pharmacy helpdesk at 1-844-679-5362

