

Submit this form to :
 Prescriptive Health
 Attention: Pharmacy Relations
 PO Box 403
 Redmond, WA 98073
 Or by Fax: (833) 802-1439



prescriptive™

Pharmacy Appeals & Grievance Form

Pharmacy Appeals & Grievance Form			
Date:		Attention:	Prescriptive Pharmacy Relations
Pharmacy Name:		NABP Number:	
Pharmacy Contact:		Phone Number:	
Pharmacy Address:			
Claim Number:		Claim Date:	
Prescription Number:		Date(s) of Fill:	
Discrepancy Code(s):			

Please provide a clear and concise explanation of grievance and include evidentiary documentation which would support your grievance.

Accepted Documentation:

- a. Photocopy of the original prescriber-generated prescription (front and back), which must be dated and if a fax, must have a header identifying the prescriber and the original fax date
- b. An original letter on prescriber's letterhead or on a prescriber's prescription blank that includes all information required on a valid prescription
- c. Electronic prescriptions and electronically transferred prescriptions may be accepted as prescriber-generated documentation as long as all relevant dispensing information is included

Did you remember to:	Complete all sections of form? Submit photocopies of front and back of original prescription? Submit signature logs or proof of prescription delivery? Submit only prescriber-generated documentation? Include compound prescription logs (if applicable)? Include Vaccine Administration Record (if applicable)?
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Once we receive your request, we will research your case and conduct an internal review. You will receive a written electronic communication summarizing the outcome of our investigation within thirty days.