

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



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)?

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.