



ATTN: CLAIMS DEPT
 MedImpact Healthcare Systems, Inc.
 PO Box 509098
 San Diego, CA 92150-9098

APPEALS FORM

Re: Office of Group Benefits (OGB) August 1st Prescription Plan Changes for Active Employees and Retirees without Medicare

If your compound prescription claim(s) rejected or denied at your pharmacy in August/September 2014, you may request an appeal by completing this form.

COMPOUND PRESCRIPTIONS

*** Pharmacy or dispensing facility must complete the remaining portion and return this to member**

- Enter the NDC number of the MOST expensive ingredient of the legend drug used.
- Indicate the drug ingredient(s) and quantity.
- Indicate the metric quantity dispensed in number of tablets, grams or mls for liquids, creams, ointments, and injectables.
- Indicate the amount paid for the prescription by the patient.
- The original paid pharmacy prescription label/receipt (including the required drug information) MUST accompany this claim form. Pharmacy receipts will not be returned, you may wish to make copies for your records.

COMPOUND PRESCRIPTIONS			
<small>*For pharmacy use only</small>			
NDC#	Drug Ingredient	Quantity	Charge
Total Charge:			\$

Note: If purchased in a foreign country, the currency must be converted into US dollars.

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