



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bill J. Crouch  
Cabinet Secretary

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Cynthia E. Beane  
Commissioner

**Prescriptions Reimbursed Below Cost Research Request Form**

This form is to be completed by the pharmacy and faxed along with a copy of the invoice and claim information directly to Change HealthCare at 1-844-335-4727. CHC will research the "underpaid" claim and correspond back to the pharmacy all findings upon completion of research.

NPI #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Pharmacy Phone #: \_\_\_\_\_

Pharmacy Fax #: \_\_\_\_\_

Drug Name: \_\_\_\_\_

NDC #: \_\_\_\_\_

Please include:

- Copy of recent Invoice for the claim in question. (All invoice information must be seen)
- Copy of the Claim initiating the inquiry for reimbursement review. (Claim must show RX#, NDC#, DOS and Amt paid).

Thank you,

West Virginia SMAC Helpdesk  
1-855-389-9504 Phone  
1-844-335-4727 Fax  
[WVSMAC@ChangeHealthCare.com](mailto:WVSMAC@ChangeHealthCare.com)