



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia 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

