



Prescriptions Reimbursed Below Cost Research Request Form

This form is to be completed by the pharmacy and emailed along with a copy of the invoice and claim information directly to **SMACdisputes@optum.com**. Optum will review the dispute and respond back to the pharmacy with all findings. **All disputes must be submitted to Optum for review within 30 days of the date of service.**

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 visible)
- Copy of the Claim initiating the inquiry for reimbursement review. (Claim must show RX#, NDC#, DOS and Amount Paid).

Thank you,

Maine Optum Pharmacy Helpdesk
1-888-420-9711