

### MAC Pricing Request

Contact Name \* \_\_\_\_\_

Date: \_\_\_\_\_

**Pharmacy Information:** (\*Required Field)

Name: \* \_\_\_\_\_

Phone: \* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NCPDP: \* \_\_\_\_\_

NPI: \* \_\_\_\_\_

Invoice or Proof of Acquisition cost of NDC must accompany this request.  
NDC in question must be from Pharmacy's primary wholesaler for that NDC.

**Prescription Information:**

**Drug Name/Strength/**

**Dosage Form:** \* \_\_\_\_\_

**NDC:** \* (11 digits) \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**Rx #:** \* (7 digits) \_\_\_\_\_

**Date of Service:** \_\_ / \_\_ / \_\_

**Price:**\* \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response: \_\_\_\_\_

Pricing Queue Item # \_\_\_\_\_