

All Appeal requests requiring pricing review will need to utilize this form and **be faxed to (858) 551-8175** within 30 days of claim date. All requests **MUST** include purchasing invoice to validate, claims without a purchasing invoice will not be reviewed.

Pharmacy Information

Pharmacy Name	<input type="text"/>		
Pharmacy Address Including City, State, and ZIP Code	<input type="text"/>		
NCPDP ID	<input type="text"/>	Fax number (required)	<input type="text"/>
Pharmacy/Provider NPI	<input type="text"/>	E-mail (required)	<input type="text"/>
Contact Name	<input type="text"/>	Phone Number	<input type="text"/>

Claim Information

Rx Number	<input type="text"/>	<input type="checkbox"/> Compound	<input type="checkbox"/> Brand	<input type="checkbox"/> Generic	
Product Name	<input type="text"/>				
NDC	<input type="text"/>	Claims Fill Date	<input type="text"/>	Qty Dispensed	<input type="text"/>
Invoice Price	<input type="text"/>	Product Strength	<input type="text"/>	Drug Form	<input type="text"/>
Reason for Appeal	<input type="text"/>				

MUST SUBMIT INVOICE SHOWING NDC OF THE CLAIM BEING DISPUTED

Ventegra understands that there will be instances where specific ACI pricing will need to be reviewed due to availability or pricing changes. Should your pharmacy have specific availability issues prior to filing a claim, please contact the Ventegra Customer Care Team at 877-867-0943. Hours of Operation are Monday through Friday 8:00 AM to 10:00PM Mountain Time and on Saturday 8:00AM to 8:00PM Mountain Time.