

Acquisition Cost Index (ACI) Appeal Form



Utilize this form for any appeal requests requiring pricing review. Appeal request must be submitted within 30 days from the original claim date or as required by state regulations¹. Form may be **faxed to (858) 551-8175**. All requests should reflect **actual** cost, defined below, and **MUST** include a purchasing invoice. Claims without a purchasing invoice will not be reviewed. The fully completed form will receive a response via email within 30 calendar days or earlier as required by state regulations².

Pharmacy Information

Pharmacy Name	<input type="text"/>	Date	<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"/>
Wholesaler	<input type="text"/>	Wholesaler Contact (Name & Phone #)	<input type="text"/>

Claim Information

Rx Number	<input type="text"/>	Claim Authorization 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"/>		
Product Strength	<input type="text"/>	Claims Fill Date	<input type="text"/>	Qty Dispensed	<input type="text"/>	
Actual Cost ³	<input type="text"/>	Invoice Cost	<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 6:00AM to 10:00PM, Saturday 8:00AM to 8:00PM and Sunday 8:30AM to 5:00PM Mountain Time.

¹ Indiana pharmacies have the right to appeal a claim not to exceed sixty (60) days following the initial filing of the claim.

² Tennessee pharmacies may use the Tennessee Standard Pharmacy Reimbursement Appeal Form. PBM will make final determination resolving the pharmacy's initial appeal within seven business days of receipt of an initial appeal that includes all required information.

³ Actual cost is net of discounts, price concessions, rebates, or other reductions.