

MAC Appeal Form

We are looking forward to reviewing your MAC. Please take the time to fully complete the form and return to us at pharmacynetwork@epiphanyrx.com. Please include in your email a copy of your pharmacy's invoice for the claim in question.

GENERAL INFORMATION:	
Chain or Pharmacy Name:	
Independent NCPDP # or Chain Code(s)ID's:	
Contact Name, Email and Phone Number	
RX Number	
NDC	
Quantity	
Drug Name and Strength	
Acquisition Cost	

Acknowledgement & Signature:

The undersigned hereby attests, represents and warrants that the information set forth in form is true and correct as of the date hereof.

Signature: _____

Print Name: _____

Title: _____

Date: _____