

North Dakota Medicaid Pharmacy Services

MAC Pricing Dispute Form

Please complete the form and fax it to 701-595-7634

Please attach the invoice of the claim being disputed when submitting this form. Disputes must be submitted within 30 days of date of service. The dispute will be reviewed and responded to within 5 business days.

Date:	
Pharmacy/Provider Name:	
Provider NPI:	
Provider Contact Name:	
Provider Phone Number:	
Provider Fax Number:	
Provider Email:	
Product Name & Strength:	
Dosage Form:	
Product NDC:	
Quantity Dispensed:	
Date of Claim:	
Dispensing Fee:	
Total Reimbursement Amount: <i>(Including Dispensing Fee)</i>	
Purchased Price:	

Comments:	
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Thank you,
North Dakota MAC Help Desk
701-595-7634 (fax)