EXPRESS SCRIPTS®

Pharmacy Audit Grievance Form

Date		Attention	
Pharmacy Name		NABP Number	
Pharmacy Contact		Phone Number	
Pharmacy Address			

Note: Please complete a separate form for each claim dispute

Audit Number		Claim Type (check one)	Med D	
Audit Date			TRICARE	
Prescription Number			Other	
Date(s) of Fill		Discrepancy Code(s)		

Reason for Dispute

Please provide a clear and concise explanation of grievance and include evidentiary documentation which would support a reversal of ESI's final audit findings.

Accepted documentation:

a. Photocopy of the original prescriber-generated prescription (front and back), which must be dated and if a fax, must have a header identifying the prescriber and the original fax date

b. An original letter on prescriber's letterhead or on a prescriber's prescription blank that includes all information required on a valid prescription (including specific directions)

c. Electronic prescriptions and electronically transferred prescriptions may be accepted as prescriber-generated documentation as long as all relevant dispensing information is included

Did you remember to:

- ☐ Complete all sections of form?
- ☐ Submit photocopies of front and back of original prescription?
- ☐ Submit signature logs or proof of prescription delivery?
- ☐ Submit ***only*** prescriber-generated documentation?
- ☐ Include compound prescription logs (if applicable)?
- ☐ Include Vaccine Administration Record (if applicable)?