

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

Product Strength

NDC

Quantity Dispensed

Dosage Form

Date of Claim

Reimbursement Amount

Purchased Price

Comments

Thank you,
North Dakota MAC Help Desk
701-595-7634 fax