

Maryland Insurance Administration Pharmacy Complaint Letter

Date: _____

*Is this claim for Medicaid Fee for Service, Medicare Part D, or a Self Insured ERISA Plan? _____

If yes, STOP AND DO NOT APPEAL TO THE MIA. THEY DO NOT HAVE JURISDICTION OVER THIS CLAIM!!!!

Name and Title of Person Submitting Complaint: _____

Signature of Person Submitting the Form: _____

Pharmacy Name: _____

Pharmacy NPI Number: _____

Pharmacy NCPDP Number: _____

Pharmacy Address: _____

Pharmacy Phone Number: _____ Pharmacy Fax: _____

Pharmacy Email: _____

Prescription Number: _____

Name of Medication: _____

NDC of Medication: _____

Quantity Dispensed: _____

Date of Service (Dispense Date): _____

Pharmacy Acquisition Cost: _____

Total Amount Reimbursed by Payer (PBM and/or Insurance Company): _____

18 Digit Electronic PBM Claim Auth #: (Not the Surescripts #) _____

Date claim appealed to Payer: _____

Date of Payer Response: _____

Is a copy of the PBM Appeal Ticket with response attached? _____

Did the Payer provide an alternate NDC? _____

Did the Payer provide the contact information of a supplier that can provide that product NDC at a price below the Payer MAC price? _____

Do any of your suppliers have that PBM recommended NDC or any equivalent product at a price less than the Payer specified MAC price? _____

Is proof of that price check attached? _____

Description of Payer Response:

Pharmacy Benefit Manager (PBM) Name: _____

PBM Contact Address: _____

PBM Phone Number: _____

BIN Number for Claim: _____

PCN Number for Claim: _____

Group Number for Claim (If Applicable): _____

Insurance Company: _____

Address of Insurance Company: _____

Phone Number of Insurance Company: _____

Resolution: What do you want the MIA and Payer to do?

Once you have completed this form/letter, please mail or fax it and all supporting documents, such as copies of letters or denials from the insurance company, medical records, or any other records you think are important to: Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, Maryland 21202 Fax: 410-468-2260 Email: lhcomplaints.mia@maryland.gov