



Pharmacy Maximum Allowable Cost (MAC) Appeal Submission Form

INSTRUCTIONS: We are looking forward to reviewing your MAC appeal form. 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. Please note that appeals must be submitted within 30 days or within such time period as may be required by applicable state law, of the claim fill date.

Items in **RED** are mandatory.

Appeal Date	Contact Name	Email Address	Date Filled	Rx #	BIN	PCN	NCPDP #	Pharmacy Name	NDC11 #	GPI14 #	Quantity	Acquisition Cost / Unit	Invoice #

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 _____

Title _____

Print Name _____

Date _____