

Request to Dispute a Claim



Instructions: Use this form to dispute a claim due to an alleged error, miscalculation, discrepancy or other matters associated to the accuracy of a submitted claim.

Complete a form for each claim to be disputed. Once completed, sign and submit the form to MC-21 by email (pharmacyadjudication@mc-rx.com) or fax (787-653-2814) along with a copy of: **(1)** the disputed claim and, **(2)** the Claims Log signed by the eligible member to whom the disputed claim was dispatched.

MC-Rx will accept requests for a disputed claim if the request is made within ninety (90) calendar days from the date on which the service was rendered. MC-Rx will promptly evaluate all disputed claim requests properly notified in the manner and time frame specified herein.

Pharmacy Information			
Pharmacy Name			
NCPDP #		NPI #	
Pharmacy Telephone			
Pharmacy Fax			
Prescription Information <i>(provide information regarding the disputed claim)</i>			
Prescription Number			
Patients' Name			
Service Date (mm/dd/yyyy)			
Insured's Member ID			
Describe the reason for this request			



Important: Remember to **sign the request** and to **include supporting documents**.

Need assistance? Please contact us by email at pharmacyadjudication@mc-rx.com or call us at 787-286-6032.

Requestor's Signature	
Requestor's Name	
Date (mm/dd/yyyy)	