145 Bear Crossing. Ste. 200 Mt. Juliet, TN 37122
Phone: 888.905.3322
Fax: 888.631.0862

Claims Dispute Form

	Date of Dispute:		
Pharmacy Name:		**Pharmacy NPI:**	

RxPreferred maintains an ongoing pharmacy claims compliance and review program. RxPreferred is committed to working with you to continuously increase the overall quality of our Provider Networks. If you disagree with the findings on your remittance invoice, you may submit a dispute for review. We are committed to providing you with an opportunity to have the invoice findings reviewed through our dispute process.

Please complete this form, providing detailed reasoning for your dispute, and attach additional supporting information if needed.

Fill Date	Rx Number	Member ID	Member DOB	First Name	Last Name

Reason For Dispute:

Once completed, please email the form and any additional documentation to network@rxpreferred.com

Please allow 14 business days to resolve the request once all supporting documentation is received