

# Pharmacy Remittance Request



Date \_\_\_\_\_

**Prime charges a \$50 fee for each remittance requested (one check = one remittance),**  
e.g., 10 remittances = \$500 fee.

Which type of remittance are you requesting?  Paper  Electronic format

Requestor name \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacy name \_\_\_\_\_

I authorize Prime to bill my chain/pharmacy for this service:

Signature \_\_\_\_\_

**Send Remittance to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send Invoice to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Request**

- Lost remittance
- Researching payment of a specific claim
- Did not receive remittance
- Other \_\_\_\_\_

Number of remittances you are requesting \_\_\_\_\_

**Information Needed to Process Request**

Check number(s) \_\_\_\_\_

Check date(s) \_\_\_\_\_

Check amount(s), if known \_\_\_\_\_

NCPDP number(s) \_\_\_\_\_

Chain code(s) \_\_\_\_\_

**Fax your completed request to 877.823.6373.**