MAC Reimbursement Rate Inquiry

Please provide as much information as possible and email the completed form to macresolution@optum.com.

Pharmacy Information

Pharmacy Name _____

Pharmacy Address _____

Contact Name _____

Contact Phone Number _____ Contact Email _____

Pharmacy NCPDP # _____ Pharmacy Chain # _____

Medication Information 1

Patient ID # _____ WC Claim # _____

Rx # _____ Rx Date _____

Medication Name _____ NDC # _____

Quantity/Day Supply _____ Fill Type ☐ Initial Rx ☐ Refill

Acquisition Price _____ Wholesaler _____ Purchase Date _____

Medication Information 2

Patient ID # _____ WC Claim # _____

Rx # _____ Rx Date _____

Medication Name _____ NDC # _____

Quantity/Day Supply _____ Fill Type ☐ Initial Rx ☐ Refill

Acquisition Price _____ Wholesaler _____ Purchase Date _____

Medication Information 3

Patient ID # _____ WC Claim # _____

Rx # _____ Rx Date _____

Medication Name _____ NDC # _____

Quantity/Day Supply _____ Fill Type ☐ Initial Rx ☐ Refill

Acquisition Price _____ Wholesaler _____ Purchase Date _____

Medication Information 4

Patient ID # _____ WC Claim # _____

Rx # _____ Rx Date _____

Medication Name _____ NDC # _____

Quantity/Day Supply _____ Fill Type ☐ Initial Rx ☐ Refill

Acquisition Price _____ Wholesaler _____ Purchase Date _____

Additional Information

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Note - MAC Price Inquiries must be submitted with a properly authorized NDA and are available for medications currently being dispensed in relation to a claim processed by the Tmesys network and in compliance with existing legal requirements. Optum may request additional information such as an invoice for verification.

Reset Form