MAGELLAN PHARMACY CLAIM INQUIRY FORM - MEDICAID XIX

FAX TO: **Magellan Medicaid Administration**, (800) 424 -7976 (Fax)

IMPORTANT: If all required information is not complete or legible, the form will not be processed.

Provider ID Number: _____

Provider Name: _____

Address: _____

_____

☐ Refund/Void: Please process to void the claim and refund the payment in full.

☐ Informational Inquiry: Please respond to inquiry about specific claim information.

PLEASE ENTER THE FOLLOWING DATA:

Claim Number: _____

Beneficiary ID Number: _____ Patient Name: _____

Date of Service: _____ RX #: _____

Billed Amount: _____ Paid Amount: _____

Description of the Problem:

_____

_____

_____

_____

Signature: _____ Date: _____

Contact Name: _____

Contact E-mail: _____

MMA Staff USE ONLY

Date: _____

Response: _____

_____

Instructions for Completing the Magellan Pharmacy Claim Inquiry Form:

Field Name and Number	Instructions for Completion
1. Provider ID Number	Enter the Provider ID number under which payment was made to.
2. Provider Name and Address	Complete this field with the same information with which you bill Medicaid.
3. Refund/Void (Credit)	The Arkansas Medicaid fiscal agent will withhold (recoup) the full paid amount from future claims payments.
4. Informational Inquiry	This box should be checked only if it will not affect the amount paid.
5. Claim Number (ICN - Internal Control Number)	Enter the paid claim number
6. Beneficiary ID Number	Enter the entire 10-digit Medicaid identification number
7. Patient Name	Enter the patient's full name.
8. Date of Service	Enter the month, day and year (MM/DD/YYYY) of the prescription claim.
9. RX #	Enter the prescription number billed on the claim.
10. Billed Amount	Enter the amount the Medicaid Program was actually billed for the prescription claim.
11. Paid Amount	Enter the amount actually paid by Medicaid for the prescription claim in question.
12. Description of the Problem	Indicate a specific reason for the refund/void request and/or the nature of the informational inquiry.
13. Signature and Date	Enter the signature of the requester and the date this form was prepared.
14. Contact Name	Enter the name of the contact person
15. Contact E-mail	Enter the e-mail address of the contact person