



# Request for Reconsideration Pharmacy Form

Do not use this form to rebill claims or request routine adjustments. Use this form only after all routine processing procedures have been exhausted and the adverse action is the result of circumstances beyond the provider's control.

Resubmissions should not be sent on paper, even if the claim is over one year old or out of timely filing.

If claim filing requirements are not met because of circumstances beyond the control of the pharmacy, the pharmacy may contact Magellan, the Pharmacy Benefit Management System (PBMS) vendor, to submit this form along with applicable documentation. Magellan will forward the request to the Department for review.

## Provider Request

**Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, ZIP Code:** \_\_\_\_\_

**Billing Provider NPI:** \_\_\_\_\_

**Individual to Contact:** \_\_\_\_\_

**Provider Telephone Number:** \_\_\_\_\_

**Member State ID:** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_

**Authorization Number (if requesting an adjustment to a paid claim):** \_\_\_\_\_

**Reason for Reconsideration Request:**

**Provider Signature:** \_\_\_\_\_

**Magellan Health Service**  
**Attention: Paper Claims Processing**  
**P.O. Box 85042**  
**Richmond, VA 23242**  
**Fax 888-656-5102**

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