**Pharmacy Refund Form**

**Please Note:**
Providers are strongly encouraged to submit voided claims electronically.

<table>
<thead>
<tr>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address (Address used to Return to Provider)</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**DO NOT send check to Magellan Rx Management.**

**REQUIRED INFORMATION:**

**Transaction Control Number (TCN)** 11 digits. **Do not use to adjust denied or already-voided claims.**

<table>
<thead>
<tr>
<th><strong>Transaction Control Number</strong></th>
</tr>
</thead>
</table>

*If TCN is not available the following must be submitted with form:*

<table>
<thead>
<tr>
<th>*Health First Colorado Member ID</th>
<th>*Billing Provider NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Date of Service</td>
<td>Remittance Advice Date if available</td>
</tr>
<tr>
<td>*Rx Number</td>
<td>By (Provider Signature)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>By (Provider Signature)</th>
</tr>
</thead>
</table>

**FISCAL AGENT USE ONLY**

Reply (notes) and RTP reason

Please complete this form and FAX it to:
Magellan RX Management
1-800-424-5881

For questions regarding adjusting or voiding claims, please call the Pharmacy Call Center at 1-800-424-5881.

Revised November 2021

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

[hcpf.colorado.gov](http://hcpf.colorado.gov)