



Pharmacy Refund Form

Please Note:

Providers are strongly encouraged to submit voided claims electronically.

Provider Name											
Street Address (Address used to Return to Provider)											
City, State, Zip Code											
Telephone Number											
DO NOT send check to Prime Therapeutics State Government Solutions, LLC.											
REQUIRED INFORMATION:											
**Transaction Control Number (TCN) 11 digits. Do not use to adjust denied or already-voided claims.											
*If TCN is not available the following must be submitted with form:											
*Health First Colorado Member ID						*Billing Provider NPI					
*Date of Service						Remittance Advice Date if available					
*Rx Number											
Date						By (Provider Signature)					
FISCAL AGENT USE ONLY											
Reply (notes) and RTP reason											

**Please complete this form and FAX it to:
Prime Therapeutics State Government Solutions, LLC
1-800-424-5881**

For questions regarding adjusting or voiding claims, please call the Pharmacy Call Center at 1-800-424-5725.

Revised September 2024

