

**New Jersey Department of Human Services
Division of Medical Assistance and Health Services
P.O. Box 712
Trenton, NJ 08625-0712**

Prescription(s) Reimbursed Below Cost Research Request Form

This form is to be completed by the pharmacy and faxed along with a copy of the invoice directly to Change Healthcare at 1-877-350-2808.

Change Healthcare will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research. Claim must be a paid claim by NJ Medicaid not a managed care Medicaid program.

National Provider Identifier (NPI) #	
Pharmacy Name	
Contact Name	
Pharmacy Phone #	
Pharmacy Fax #	
Pharmacy Email Address	
Drug Name	
National Drug Code (NDC) #	

Please include:

- A copy of a recent invoice for the medication in question.
- A copy of the claim initiating the inquiry for reimbursement review. Acceptable forms of documentation include the secondary label or a screenshot. The claim must show Rx number, NDC number, date of service, and amount paid.

Thank you,

New Jersey SUL Help Desk

Telephone: 1-855-389-9502

Fax: 1-877-350-2808

Website: www.njsul.com