



## SMAC Review Form

This form is to be completed by the pharmacy and faxed along with a copy of the invoice directly to Goold Health Systems 1-877-308-6931. GHS will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research.

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Pharmacy NPI #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Pharmacy Phone #: \_\_\_\_\_

Pharmacy Fax #: \_\_\_\_\_

Drug Name: \_\_\_\_\_

NDC #: \_\_\_\_\_

Please include:

- Copy of most current Invoice for the claim in question. (All invoice information must be seen)
- Copy of the Claim initiating the inquiry for reimbursement review. (Claim must show RX#, NDC#, DOS and Amount paid by Medicaid).

Thank you,

Wyoming SMAC Helpdesk  
1-877-206-4714 Phone  
1-877-308-6931 Fax



Wyoming  
Department  
of Health

