



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.

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