



Pharmacy 90-Day Waiver Form

Use this form to request a 90-day waiver for one of the reasons indicated in the Explanation box below. All fields must be completed to process the request.

Pharmacy information

(Required to receive approval notification)

| | | | | |
|------|---------------|-----------------|------------|---------------|
| Date | Pharmacy name | Provider number | Fax number | Location code |
|------|---------------|-----------------|------------|---------------|

MassHealth member information

| | | | | |
|-----------|------------|--------------------------|---------------|-----------|
| Last name | First name | Date of birth (mmddyyyy) | Gender f m | Member ID |
| Address | | City | State | ZIP |

Claim Information

| | | | | | | |
|----------|------------------|--------------|-------------|------------------|--------------|------------------|
| 1 | Manufacturer | Item | Pkg. | Drug name | Quantity | Days' supply |
| | Prescriber's NPI | Date written | Date filled | Prescription no. | Usual charge | Other pd. amount |
| 2 | Manufacturer | Item | Pkg. | Drug name | Quantity | Days' supply |
| | Prescriber's NPI | Date written | Date filled | Prescription no. | Usual charge | Other pd. amount |
| 3 | Manufacturer | Item | Pkg. | Drug name | Quantity | Days' supply |
| | Prescriber's NPI | Date written | Date filled | Prescription no. | Usual charge | Other pd. amount |
| 4 | Manufacturer | Item | Pkg. | Drug name | Quantity | Days' supply |
| | Prescriber's NPI | Date written | Date filled | Prescription no. | Usual charge | Other pd. amount |

Explanation: Please indicate the reason for the 90-day waiver below.

- Rebilling a previously denied timely filed claim (attach remittance advice)
- Retroactive member enrollment (attach proof)
- Retroactive provider enrollment (attach proof)

Please fax the completed form to Xerox State Healthcare at 1-866-556-9315.

Note: Submit claims that are older than 12 months (18 months for third party liability claims) directly to: MassHealth Final Deadline Appeals, 100 Hancock Street, Quincy, MA 02171 (Tel.: 617-847-3115).