



Return to: Change Healthcare
45 Commerce Drive, PO Box 1090
Augusta, Maine 04332-1090
Fax Number: 1-800-408-1088

**ADJUSTMENT / SUPPLEMENTAL PAYMENT
 REQUEST FORM MEPOP CLAIM - NCPDP vD.0**

Patient Name		Cardholder ID				Pharmacy Name				NABP					
Street Address		City		Plan Name	Patient DOB		Gender	Pharmacy Address				NPI			

Claim 1

Comments:				Other Coverage Code				Total Amount Billed				
Rx Number	Ref #	Prescriber DEA/BNDD #	Prescriber Name				Date Prescribed		Date Filled		Quantity	Days' Supply
PA #	MN	Drug Name, Strength, Dosage, Mfg.			NDC			Primary Copay		Submission Clarification Code		

Coordination of Benefits (COB) – Other Payer Information

Other Payer ID		ID Qual.			Other Payer Date			OPAP				OPPRA	
1							Qual	Amt	Qual	Amt	Qual	Amt	
2							Qual	Amt	Qual	Amt	Qual	Amt	

Claim 2

Comments:				Other Coverage Code				Total Amount Billed				
Rx Number	Ref #	Prescriber DEA/BNDD #	Prescriber Name				Date Prescribed		Date Filled		Quantity	Days' Supply
PA #	MN	Drug Name, Strength, Dosage, Mfg.			NDC			Primary Copay		Submission Clarification Code		

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1							Qual	Amt	Qual	Amt	Qual	Amt	
2							Qual	Amt	Qual	Amt	Qual	Amt	

Provider Signature		Date Signed			
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