GOOLD HEALTH SYSTEMS

MEPART D

ADJUSTMENT / SUPPLEMENTAL PAYMENT REQUEST FORM

Return to:

Goold Health Systems, Inc.
5 Community Drive, P.O. Box 1090, Augusta, Maine 04332-1090
Fax # 1-800-408-1088

Pharmacy Name, Address,NABP# and NPI #

Name of Client:
Street Address:
City or Town:

Plan Name:

Patient's Number:

Comments:	Other Coverage Code:	Deductible:	Gap:

Rx Number:	Ref#	Prescriber DEA/ BNDD #	Prescriber Name	Date Prescribed	Date filled	Quantity	Est. Days
PA #	MN	Drug Name, Strength,Dosage, mfg.	NDC			PDP Copay:	total billed

Comments:	Other Coverage Code:	Deductible:	Gap:

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