



PHARMACY PRICING ALERT

Date of Alert: _____ NCPDP# _____

Pharmacy Name: _____

Contact Name _____ Contact Phone# _____

E-Mail _____

HEALTHPLAN _____

BIN # _____ PCN# _____

Date of Price Increase:	Date of Correction:
NDC#:	
Drug Name & Strength:	

Further Info:

Please complete this form and fax back to:
866.638.5008
P.O. Box 969 ~ 28200 Highway 189, #R-110
Lake Arrowhead, CA 92352
Tel: (800) 582-5889 or (800) 797-7133 - Fax: (909) 336-9364