



Pharmacy Audit Appeal Form

Please complete a separate form for each prescription number that you are appealing. Please note that appeals will only be accepted during the appeal phase of the audit. All appeals must be received within thirty (30) days of the Preliminary Results letter.

Pharmacy NPI:	Pharmacy name:
Rx #:	Medication name:
Dates of dispensing being appealed:	
1. Initial audit finding listed on Preliminary Results letter:	
2. Reason for appeal:	
3. Written statement:	
<i>Please explain the nature of this appeal request, including any circumstances that contributed to the manner of dispensing for this prescription. If documentation that was not provided at the time of the audit is being submitted, please explain why this documentation was not provided when originally requested. (Attach additional sheets if more space is needed.)</i>	
4. Documentation enclosed: <i>Attach supporting documentation to this form.</i>	
<i>Any prescription clarifications for appeal documentation must be accompanied by a signed statement from the prescriber approving changes. Telephone prescriptions are not acceptable for post-audit documentation.</i>	
5. Pharmacy attestation:	
<i>As the pharmacy representative submitting this appeal, I attest that the documentation submitted for review is true and correct, was used when dispensing the prescription and has not been altered, back-dated, or recreated after the order was filled.</i>	
Pharmacy representative signature:	
Printed name:	Date:

Mail appeals to: Navitus Health Solutions | 1025 W. Navitus Drive | Appleton, WI 54913
Fax to: 866-595-0357 | Email to: Auditing@Navitus.com