

# Audit Review Request Form

**Please note:** The ACS Standard Audit Appeal and Review Process should be followed and completed prior to remitting this form. If your pharmacy has completed that process then please complete this form and return via fax or email to:

Email: pharmacycontracts@usscript.com  
 Fax: 1 (866)-912-6293

Pharmacy Name					
Pharmacy NCPDP # or Chain Code					
Pharmacy Address					
City		St		Zip Code	
Contact Person					
Contact Phone					
Contact Fax					
Contact Email					
Audit Control Number					
Please provide a brief summary of the issue:					