

Pharmacy Price Inquiry Form



Instructions:

Please email or fax this completed form along with a purchase invoice from your wholesaler that documents pricing to:

MAC PRICING DEPARTMENT / US SCRIPT, INC.
E-mail: MAC_Pricing@usscript.com / Fax: 559-244-3793

I. Requestor Information:

Name:	Title:
Phone:	Request Date:

II. Pharmacy Information:

Pharmacy Name:	NCPDP#: <i>(7 Digits)</i>	
Specialty (if applicable):		
Store Address:		
City:	State:	Zip:
Fax:	Phone:	Email:

III. Drug Information

Drug name and strength:	Dosage form:	Package Size:
NDC# <i>(12 Digits)</i>	-	
GPI# <i>(14 Digits)</i>	-	
Manufacturer:	Lowest Price Attainable:	
Wholesaler:	Invoice Reference Number (from Wholesaler):	
RX Number:		