

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: 866-912-6293		
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:
<i>NDC#</i> <i>(11 Digits)</i>	—	—
<i>GPI#</i> <i>(14 Digits)</i>		
Manufacturer:	Lowest Price Attainable:	
Wholesaler:	Invoice Reference Number (from Wholesaler):	
RX Number:		