

Rate Inquiry Form

All fields are required for submission. If you need help or additional assistance, please reach out to mercerrxpassage@mercer.com or call the helpdesk at 1-844-294-9982. Inquiries will be processed, and a Mercer staff member will contact you within one business day.

Pharmacy/Provider Name:

Contact Name:

Contact Email Address:

Contact Phone Number:

NPI:

Inquiry Rate Type:

Address:

NDC (Please provide in 11 digit format):

Claim Date of Service:

Invoice Date:

Wholesaler:

Invoiced Cost Per Package:

Package Size:

Dispensed Date:

Quantity Dispensed:

Dispensing Fee:

Medicaid Co-Pay Due From Recipient:

Total Reimbursement:

Is this product experiencing a shortage?

Additional Comments:

Completed forms may be emailed to mercerrxpassage@mercer.com, faxed to: 612-642-8931 or submitted via mail to: Marsh & McLennan Companies 2323 E. Camelback Road, Suite 600 Phoenix, AZ 85016. Please include invoice documentation with your submission. Once completed form and documentation is received, a Mercer staff will contact you regarding a decision.