



Pharmacy Refund Form

Please Note:

Providers are strongly encouraged to submit voided claims electronically.

Provider Name										
Street Address (Address used to Return to Provider)										
City, State, Zip Code										
Telephone Number										
DO NOT send check to Magellan Rx Management.										
REQUIRED INFORMATION:										
**Transaction Control Number (TCN) 11 digits. Do not use to adjust denied or already-voided claims.										
*If TCN is not available the following must be submitted with form:										
*Health First Colorado Member ID						*Billing Provider NPI				
*Date of Service						Remittance Advice Date if available				
*Rx Number										
Date						By (Provider Signature)				
FISCAL AGENT USE ONLY										
Reply (notes) and RTP reason										

**Please complete this form and FAX it to:
Magellan RX Management
1-800-424-5881**

For questions regarding adjusting or voiding claims, please call the Pharmacy Call Center at 1-800-424-5881.

Revised September 2019

Our mission is to improve health care access and outcomes for the people we serve
while demonstrating sound stewardship of financial resources.

