

## Provider Maximum Allowable Cost (MAC) List Request

Please complete and return the following request form to [ipmcompliance@rxipm.com](mailto:ipmcompliance@rxipm.com)

**All information requested below is mandatory to process your request.**

Provider Name	
Provider NCPDP	
PSAO Affiliation	
Provider Chain Code	
Provider Service Address	
Contact Person	
Phone Number	
Email	

**Disclaimer:** PharmAvail is committed to ensuring compliance with all state statutory and regulatory requirements regarding the disclosure of MAC lists and pricing information (“MAC List”), which vary from State to State. The MAC List will be provided to requesting pharmacies if and to the extent required by law. PharmAvail permits you to view the MAC List only in accordance with the terms of your agreement with PharmAvail and this MAC List Request by virtue of your signature below. If you do not agree with these terms and sign this MAC List Release, PharmAvail will not provide the MAC List.

By signing below and submitting request for a MAC list, you agree with the terms outlined above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**\*\*For Internal Use of PharmAvail\*\***

Date received: \_\_\_\_\_

Review of requirements:

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