



## REIMBURSEMENT APPEAL CERTIFICATION FORM

\_\_\_\_\_ Initial Certification

\_\_\_\_\_ Updated Certification (in connection with additional discounts, price concessions, rebates, or other reductions, excluding cash discounts, received by the appealing pharmacy after filing an Appeal – evidence of such discounts is submitted herewith)

I, \_\_\_\_\_ (authorized representative of appealing pharmacy), hereby certify on behalf of \_\_\_\_\_ (name of appealing pharmacy) that:

1. \_\_\_\_\_ (name of appealing pharmacy) has provided Citizen's Rx with all invoices or other records demonstrating the pharmacy's actual cost for the drug or medical product or device at issue, which shall take into account all discounts, price concessions, rebates, or other reductions, excluding cash discounts, received as of the date the pharmacy filed its initial appeal."
2. The name and contact information for \_\_\_\_\_ (name of appealing pharmacy)'s Majority Wholesaler is:
  - \_\_\_\_\_ (name of Majority Wholesaler)
  - \_\_\_\_\_ (contact at Majority Wholesaler)
  - \_\_\_\_\_ (phone number of contact at Majority Wholesaler)
  - \_\_\_\_\_ (email address of contact at Majority Wholesaler)

Majority Wholesaler means the wholesaler from whom a pharmacy purchased the majority of its prescription pharmaceutical products for resale in the calendar year preceding the calendar year during which the claim that is the subject of an initial appeal is processed.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_ in the City of \_\_\_\_\_, State of \_\_\_\_\_.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_

Attachment 1

Attach evidence of any additional discounts, price concessions, rebates, or other reductions, excluding cash discounts, received by the appealing pharmacy after filing an Appeal.