

Maricopa County Pricing Request

Instructions:

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| <ol style="list-style-type: none"> 1. Fill in Date 2. Fill in number of pages 3. Fill in your name, FAX, phone and e-mail address (if applicable) | <ol style="list-style-type: none"> 4. Enter member's name 5. Enter Drug Name, strength and qty. to be priced (required) 6. Write in any pertinent comments/additional info. 7. When complete, fax or email this form 8. A response will be sent to you within 1 business day |
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Date:

Number of Pages:

From:

Division/Department:

Phone:

FAX:

E-mail:

To:

Employee Benefits

Company:

Maricopa County Total Compensation

Phone:

602-506-1010

FAX:

602-506-2354

E-mail:

HR Benefits (under Human Resources)

Member Name:

Drug Name	Drug Strength	Drug Qty	Member Copay *	Tier	Example Formulary Alternative ¹

Comments:



* These prices are estimated. Final copay will be established when actual claim is adjudicated.

¹ Please check with your doctor to determine if this change is right for you.