



102 Metroplex Drive, Suite A
 Pearl, MS 39208
 601-899-9303 or 888-878-7855

TRUST PLUS PHARMACY COMPAINT FORM

FOR OFFICE USE ONLY:

Complaint #: _____ Date Received: ___/___/___ Time___:___ Received by: _____
 Received Via: () Fax () Mail () Telephone () Other

ALL SPACES APPLICABLE MUST BE COMPLETED.

Please Type or Print in Black Ink

PHARMACY INFORMATION

Pharmacy Name: _____ License #: _____

Pharmacist's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Business Phone Number: _____ Cell Phone Number: _____

SIGNATURE:

CLAIM INFORMATION

Fill Date: _____ Rx #: _____

Plan #: _____

Product ID#: _____ Product Name: _____

Dispensed Qty: _____ Days Supply: _____

Pharmacy Acquisition Cost: _____

Drug Wholesaler: _____

DETAILS OF COMPLAINT

Please attach additional documents if applicable.

(Office Use Only) RESOLUTION OF COMPLAINT (Office Use Only)

INSTRUCTIONS ON SUBMITTING THIS COMPLAINT

Trust Plus values our relationship with each of our network pharmacies. Our commitment to you is to work with you on any concerns you may have in processing our member claims. Given the opportunity to communicate with you, we will reach a solution that is a win-win for all. This form and comments may be scanned and emailed, phoned-in, faxed or mailed to Trust Plus as follows:

By Phone:

Office: 601-899-9303 or 888-878-7855

Cell: Charlene Gentry 601-954-6931

By Email:

Charlene Gentry at cgentry@trustplus.net

c/c Curzettia Melvin at cmelvin@trustplus.net

By Mail:

102 Metroplex Blvd., Ste. A

Pearl, MS 39208

ATTN: C. Gentry

By Fax:

601-939-2380

ATTN: C. Gentry

Once a complaint is filed in any manner, please send an email to: Charlene Gentry at cgentry@trustplus.net and copy Curzettia Melvin at cmelvin@trustplus.net.