Phone: 800-361-4542
Fax: 866-414-3453
Website/Email Address: www.elixirsolutions.com
Email Address: customerservice@elixirsolutions.com
Mailing Address: 2181 E. Aurora Road Twinsburg, OH 44087

Elixir manages the pharmacy drug benefit for your patient. If a drug you prescribed has been denied, you have the right to an appeal. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the process.**

Patient Name and ID#: _____

Patient Address:

_____

Claim #: _____

Drug Name and Dosing:

_____

Provider: _____

Briefly describe why you are appealing the denial (Please attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim)**:**

_____

_____

_____

_____

_____

Name of Person Filing Request for an Appeal:

_____

Circle one: Covered person Patient Authorized Representative

Contact information of person filing request for an Appeal (if different from patient)

Address:_____**Daytime phone:** _____
Email: _____