

Payment Inquiry Form

To inquire about a payment, please complete this form and email it to:

Provider-AP@oppc.com

Pharmacy Information

Provider Name _____

NCPDP _____

Contact Name _____

Contact Phone _____

Contact Email _____

Mailing Address:

Address Line 1 _____

Address Line 2 _____

City _____ State ____ ZIP _____

Transaction Details

Rx# _____

Dispense Date _____

Submission Date _____

If your request is for multiple prescriptions or payments, please include a spreadsheet containing the transaction details listed above. After review OnePoint will report back the corresponding check number(s) for the claim(s) in question.

