



SMAC Pricing Inquiry Worksheet

Please attach a copy of your purchase invoice when submitting this form. Fax the SMAC Pricing Inquiry Worksheet to:
 Attn: Pharmacy Program, 406-444-1861.

NDC Code	Manufacturer	Drug Name	Package Size	Dosage Form	Wholesaler	Lowest Price Attainable	Date of Price Search	Reimbursement Amount

Pharmacist Printed Name _____

Store Name _____

Pharmacist Signature _____

Store Address _____

Store Phone Number _____

Store Address _____

Store Fax Number _____

Store City, Zip _____