

Requesting 5 or More Claim Adjustments

1. Access <https://www.argushealth.com>
 - a. Click on *MyDSTRx*
 - b. Click *OK* to view pages over a secure connection
 - c. Username: phrminfo
 - d. Password: phrmrx2u
 - e. Click on *Pharmacy*
 - f. Click on *Forms*
2. Click on *Multiple Adjustments Request Form*
3. Read instructions and download *Multiple Adjustments Request Form*
4. Complete all required fields of the form and send as an attachment in a **ENCRYPTED** email to madjustments@dsthealth.com
5. Include in your subject line: "pharmacy name-date"
6. All highlighted fields are required or the request will be returned.
7. The request should be complete within 7-10 business days after your request is received. To check the status of your request, email madjustments@dsthealth.com or call the DST Pharmacy Solutions
8. Call Center at 800-522-7487.

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

Contact Information

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|---------------|--|--------------|--|
| Pharmacy Name | | Pharmacy NPI | |
| Contact Name | | Pharmacy Fax | |
| Phone Number | | | |

| Claim Number | Fill Date | Rx Number | Member ID | Member Name | Processor Control Number (PCN) | Reason for Adjustment |
|--------------|-----------|-----------|-----------|-------------|--------------------------------|-----------------------|
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