Grievances & Complaints

As a Rescription, Inc. member, you have the right to file a complaint, grievance, or appeal if dissatisfied with our services.

GENERAL COMPLAINTS:

Our Customer Care Representatives are dedicated to addressing any concerns you may have. If you wish to express any general complaints, please contact our Customer Care Department at the number on your prescription benefit ID card.

Common concerns include, but are not limited to:

- Quality of your care concern
- Pharmacy wait times/unable to reach your pharmacy
- Inability to locate a pharmacy in your area
- Unable to obtain your prescription within a reasonable amount of time
- Lack of adequate service
- Plan benefit concerns
- Dissatisfaction with the prior authorization process or outcome

HIGH COST DRUG PROGRAM COMPLAINTS:

If you wish to express any dissatisfaction regarding the **High Cost Drug Program** please contact our Customer Care Department at (833) 207-9010.

Common concerns regarding the High Cost Drug program include, but are not limited to:

- Delays in the approval, sourcing, or delivery of a high-cost or specialty medication
- Confusion about High Cost Drug program eligibility, enrollment, or required documentation
- Out-of-pocket cost, copay, or cost-share concerns related to a high-cost drug
- Gaps or lapses in your refills or shipments
- Difficulty reaching your dedicated customer care representative or getting timely updates on your case
- Lack of adequate service or unclear communication about your program benefits

We are available to help you. To file a complaint, grievance, or appeal in writing, please complete the provided complaint form (or its equivalent) and mail it along with supporting documentation to: Rescription, Inc. 151 4th St West, Suite 2157, Ketchum, ID 83340; Fax (201) 604-8466 or Email careguide@rescription.com.

RESCRIPTION MEMBER COMPLAINT FORM HERE ***Rescription_Member-Complaint-Form.pdf***

RESCRIPTION PHI CONSENT FORM HERE ***Rescription_PHI_Consent_Form.pdf***