

Empire Plan Prescription Drug Program
Quarterly Audit Report
Audit Recovery Summary

Field Audit Recoveries/Daily Review Savings
For Period From ____ to ____

	<u>Total # of Audits</u>	<u># of Open Audits</u>	<u># of Closed Audits</u>	<u>Audit Recoveries</u>
Field Audit Recoveries (\$)				
Daily Review Savings (\$)				
Total Audit Recoveries/Savings				

Empire Plan Prescription Drug Program
Quarterly Audit Report
Field Audits Performed during ___ Quarter ____

NABP	Name	Status Open/Closed	Audit Date	Audit Profile Beg Date	Audit Profile End Date	# Claims Reviewed
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Empire Plan Prescription Drug Program
Quarterly Audit Report
Open Audits Performed in ____ Quarter ____

NCPCP	Address	City	State	Audit Type	Audit Date	Status	Generic Dispensed/ Brand Billed	No Signature Logged	Insert column for other Errors
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Empire Plan Prescription Drug Program
Quarterly Audit Report
Audits Closed/Finalized during ___ Quarter ___

NABP	Pharmacy Name	Closed	Audit Date	Closed Date	Audit Profile Beg Date	Audit Profile End Date	# of Claims Reviewed	Discrepancy Type	Total Recoveries
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**Empire Plan Prescription Drug Program
Quarterly Audit Report
Desk Audit Detail**

NCPDP	Audit Date	Pharmacy Name	ID#	RX#	Fill Date	Drug Name	Amt Saved	Reason
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Empire Plan Prescription Drug Program
Quarterly Audit Report
Planned Audits for ___ Quarter ___

NABP	Name	City	State	Zip
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