

**MEDICAID DRUG REBATE PROGRAM
STATE AGENCY CONTACT FORM**

STATE AGENCY NAME

TECHNICAL CONTACT – Person responsible for sending and receiving data.

NAME OF CONTACT

	AREA	PHONE NUMBER	EXTENSION
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FAX	AREA	PHONE NUMBER	EXTENSION
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NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY	STATE	ZIP CODE
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PROGRAM POLICY CONTACT – Person responsible for policy decisions.

NAME OF CONTACT

	AREA	PHONE NUMBER	EXTENSION
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NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY	STATE	ZIP CODE
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**MEDICAID DRUG REBATE PROGRAM
STATE AGENCY CONTACT FORM**

STATE AGENCY NAME

REBATE CONTACT – Person responsible for invoice and receipt of rebate payments.

NAME OF CONTACT

AREA	PHONE NUMBER	EXTENSION
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NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE
