MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY NAME						
TECHNICAL CON	<u>TACT</u> – Po	erson respon	sible for sending and rece	iving data.		
NAME OF CONTACT						
		AREA	PHONE NUMBER	EXTENSION		
	FAX	AREA	PHONE NUMBER	EXTENSION		
NAME OF FISCAL AGENT (if applicable)						
CEDECT ADDRESS						
STREET ADDRESS						
CITY			STATE	ZIP CODE		
	Y CONTA	<u>aCT</u> – Perso	STATE n responsible for policy d			
	Y CONTA	<u>ACT</u> – Perso				
	Y CONTA	<u>ACT</u> – Perso				
PROGRAM POLIC	Y CONTA	ACT – Person				
PROGRAM POLIC		AREA	n responsible for policy d	ecisions.		
PROGRAM POLICY NAME OF CONTACT		AREA	n responsible for policy d	ecisions.		
PROGRAM POLICY NAME OF CONTACT		AREA	n responsible for policy d	ecisions.		
PROGRAM POLICY NAME OF CONTACT		AREA	n responsible for policy d	ecisions.		

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MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY NAME						
<u>REBATE CONTACT</u> – Person responsible for invoice and receipt of rebate payments.						
NAME OF CONTACT						
	AREA	PHONE NUMBER	EXTENSION			
NAME OF FISCAL AGENT (if applicable)						
STREET ADDRESS						
CITY		STATE	ZIP CODE			