MEDICAID DRUG REBATE RECONCILIATION OF STATE INVOICE

COMPANY NAME	LABELER CONTACT	STATE
LABELER CODE	PHONE	INVOICE NO
QUARTER COVERED	FAX	DATE

				U	N I	Т	S			D O	L L	A R	S
PRODUCT/ PACKAGE CODE	PRODUCT NAME	REBATE PER UNIT	ADJUSTED REBATE PER UNIT	UNITS INVOICED	ADJUSTED UNITS + or -	LABELER DISPUTED UNITS	UNITS PAID	ADJM CODE	DISP CODE	REBATE AMOUNT INVOICED	INVOICE CORRECTION AMOUNT + or -	WITHHELD INVOICE AMOUNT	REBATE AMOUNT PAID
Α	В	С	D	E	F	G	Н	1	J	K	L	М	N
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TOTAL 6													
TOTALS											Dluc Intoro	L]

CMS-304 (Exp.) OMB No. 0938-0676

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Plus Interest Payment

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TOTAL REMITTANCE