MEDICAID DRUG REBATE

PRIOR QUARTER ADJUSTMENT STATEMENT

(for reconciling unit changes, disputed units, and PPAs)

PAGE _____ OF _____

COMPANY NAME _____ LABELER CONTACT _____ STATE _____

LABELER CODE _____ PHONE _____ INVOICE NO. _____

QUARTER COVERED _____ FAX _____ DATE _____

				U N I T S						D O L L A R S						
PRODUCT PACKAGE CODE	PRODUCT NAME	ORIGINAL REBATE PER UNIT	CURRENT REBATE PER UNIT	ORIGINAL UNITS INVOICED	CURRENT UNITS TO DATE	PRIOR UNITS PAID	CURRENT UNITS PAID TO DATE	PRIOR UNITS DISPUTED	CURRENT UNITS DISPUTED TO DATE	ORIGINAL AMOUNT INVOICED	REVISED INVOICE AMOUNT	PRIOR AMOUNT PAID	CURRENT AMT PAID TO DATE	AMT PAID THIS TRANS	ADJM CODE	DISP CODE
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
TOTALS																

Plus Interest Payment

Total Remittance _____

CMS-304a (Exp.)

OMB No. 0938-0676