

MEDICAID DRUG REBATE AGREEMENT

**ENCLOSURE B (PAGE 1 OF 2)  
SUPPLEMENTAL DATA SHEET**

\_\_\_\_\_

LABELER CODE (as assigned by FDA)

\_\_\_\_\_  
LABELER NAME (Corporate name associated with labeler code)

\_\_\_\_\_  
LEGAL CONTACT – Person to contact for legal issues concerning the rebate agreement

\_\_\_\_\_  
NAME OF CONTACT

\_\_\_\_\_

AREA	PHONE NUMBER	EXTENSION
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\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
INVOICE CONTACT – Person responsible for processing invoice utilization data

\_\_\_\_\_  
NAME OF CONTACT

\_\_\_\_\_

AREA	PHONE NUMBER	EXTENSION
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\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.

CMS-367d (Exp. ) OMB No. 0938-0578

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\_\_\_\_\_  
LABELER CODE (as assigned by FDA)

\_\_\_\_\_  
LABELER NAME (Corporate name associated with labeler code)

\_\_\_\_\_  
TECHNICAL CONTACT – Person responsible for sending and receiving data

\_\_\_\_\_  
NAME OF CONTACT

	AREA	PHONE NUMBER	EXTENSION
FAX #			

\_\_\_\_\_  
EMAIL Address:

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
STREET ADDRESS

CITY	STATE	ZIP CODE
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