

**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

FAX AREA PHONE NUMBER EXTENSION

EMAIL ADDRESS

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

PROGRAM POLICY CONTACT – Person responsible for policy decisions.

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

**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
