MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY NAME

<u>TECHNICAL</u> CONTACT – Person responsible for sending and receiving data.

NAME OF CONTACT			
	AREA	PHONE NUMBER	EXTENSION
]	FAX AREA	PHONE NUMBER	EXTENSION
EMAIL A	DDRESS		
NAME OF FISCAL AGEN	T (if applicable)		
STREET ADDRESS			
CITY		STATE	7IP CODE
CITY		STATE	ZIP CODE
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CMS-368 (Exp. 09/30/06) OMB No. 0938-0582 Rev 3/06

MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY NAME

<u>**REBATE**</u> CONTACT – 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

CMS-368 (Exp. 09/30/03) OMB No. 0938-0582