MEDICAID DRUG REBATE

RECONCILIATION OF STATE INVOICE

PAGE _____ OF _____

LABELER NAME _____ LABELER CONTACT _____ STATE _____

LABELER CODE _____ PHONE _____ INVOICE NO. _____

QUARTER COVERED _____ FAX _____ DATE _____

A	B	C	D	E	F	G	H	I	J	K	L	M	N
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
TOTALS													

Plus Interest Payment _____

TOTAL REMITTANCE

CMS-304 (Exp.)

OMB No. 0938-0676

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