

**MEDICAID DRUG REBATE  
PRIOR QUARTER ADJUSTMENT STATEMENT**  
(for reconciling unit changes, disputed units, and PPAs)

PAGE \_\_\_\_ OF \_\_\_\_

COMPANY NAME \_\_\_\_\_  
 LABELER CODE \_\_\_\_\_  
 QUARTER COVERED \_\_\_\_\_

LABELER CONTACT \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_

STATE \_\_\_\_\_  
 INVOICE NO. \_\_\_\_\_  
 DATE \_\_\_\_\_

PRODUCT PACKAGE CODE	PRODUCT NAME	ORIGINAL REBATE PER UNIT	CURRENT REBATE PER UNIT	U N I T S						D O L L A R S					ADJM CODE	DISP CODE
				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		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
<b>TOTALS</b>																

Plus Interest Payment  
**Total Remittance** \_\_\_\_\_