## MEDICAID DRUG REBATE PRIOR QUARIER ADJUSIMENI SIAIEMENI

(for reconciling unit changes, disputed units, and PPAs)

COMPANY	NAME	LABELER CONTACT
LABELER	CODE	PHONE
QUARTER	COVERED	FAX

STATE \_\_\_\_\_\_\_\_\_\_INVOICE NO. \_\_\_\_\_\_\_ DATE \_\_\_\_\_\_

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