MEDICAID DRUG REBATE

RECONCILIATION OF STATE INVOICE

LABELER NAME: _____ LABLER 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	O
PRODUCT/ PACKAGE CODE	PRODUCT NAME	FSS/MCO RECORD ID	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	WITHELD INVOICE AMOUNT	REBATE AMOUNT PAID
TOTALS														

CMS-304
OMB No. 0938-0676

Plus Interest Payment
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TOTAL REMITTANCE

According to the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid control number for this information collection is 0938-0676. The time required to complete this information collection is estimated to average 70 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland, 21244-1850.