PAGE	Of	

MEDICAID DRUG REBATE

PRIOR QUARTER ADJUSTMENT STATEMENT

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

LABELER CODE: QUARTER COVERED:					LABLER CONTACT:PHONE:						STATE: INVOICE NO DATE:						
					FAX:												
Α	В	С	D	Е	F	G	Н	1	J	K	L	М	N	0	Р	Q	R
PRODUCT/ PACKAGE CODE	PRODUCT NAME	FSS/MCO RECORD ID	REBATE	CURRENT REBATE PER UNIT	ORIGINAL UNITS INVOICED	UNITS	PRIOR UNITS PAID	CURRENT UNITS PAID TO DATE	PRIOR UNITS DISPUTED	CURRENT UNITS DISPUTED TO DATE		REVISED INVOICE AMOUNT	PRIOR AMOUNT PAID	CURRENT AMT PAID TO DATE	AMT PAID THIS TRANS	ADJM CODE	DISP CODE
																	+
																1	1
														<u> </u>	1		_
														 	1		+
																-	-
														<u> </u>			
								1						 	1	 	
														 		+	+
																	
																	<u> </u>
														 		 	1
TOTALS																	

CMS-304a OMB No. 0938-0676 Plus Interest Payment

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 28 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.