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**Covered Entity Details**

**340B ID:** STD99999

**Entity Name:** TEST GRANTEE

**Entity Sub-Division Name:**

**Medicare Provider Number:**

**Entity Type:** Sexually Transmitted Diseases

**Grant Number:** STD-XX

**Covered Entity Address**

**Main Address (PO Box Not Allowed)**

1 TEST STREEET  
TEST, AL 99999

- Billing Address Same as Main
- Shipping Address Same as Main

**Covered Entity Date Information**

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**Registration Date:** 1/1/2005

**Participating Approval Date** 12/1/2004

**Participating Start Date:** 1/1/2005

**Termination Reason:** Select a Termination Reason

**Termination Date:**

**The date the entity became ineligible:**

**Last date that 340B drugs were or will be purchased under this 340B ID:**

**Termination Comments:**

**Medicaid Billing**

**Medicaid Billing Information**

You must answer the following question regarding Medicaid Billing:

Will you bill Medicaid for drugs purchased at 340B drug price?  Yes  No

**Contact Information**

**Authorizing Official**

**Name:** Test User  
**Title:** Chief Executive Officer  
**Phone:** 999-999-9999 **Ext:**  
**Email:** test@hrsa.gov

Make Primary Contact Information same as Authorizing Official

**Primary Contact**

**Name:** Test User  
**Title:** Chief Executive Officer  
**Phone:** 999-999-9999 **Ext:**  
**Email:** test@hrsa.gov

**HHS Privacy Policy Notice**

OMB Number: 0915-0327, Expiration: 10/31/2015



**U.S. Department of Health and Human Services (HHS)**  
**Health Resources and Services Administration (HRSA)**  
**Office of Pharmacy Affairs (OPA) - 340B Program**

August 22, 2013  
7:46 AM ET

**Questions, Comments, or Suggestions**  
Email Us: [ApexusAnswers@340bpvp.com](mailto:ApexusAnswers@340bpvp.com)  
Call Us: 1 - 888 - 340 - 2787

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