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Covered Entity Details

340B ID: TB99999

Entity Name: TEST GRANTEE

Entity Type: Tuberculosis

Entity Sub-Division Name:

Grant Number: TB-XX

Medicare Provider Number:

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

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Questions, Comments, or Suggestions
Email Us: ApexusAnswers@340bpvp.com
Call Us: 1 - 888 - 340 - 2787

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