

**MEDICAID DRUG REBATE PROGRAM  
STATE AGENCY CONTACT FORM**

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STATE AGENCY NAME

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TECHNICAL CONTACT – Person responsible for sending and receiving data.

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NAME OF CONTACT

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	AREA	PHONE NUMBER	EXTENSION
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FAX

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	AREA	PHONE NUMBER	EXTENSION
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NAME OF FISCAL AGENT (if applicable)

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STREET ADDRESS

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CITY

STATE

ZIP CODE

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PROGRAM POLICY CONTACT – Person responsible for policy decisions.

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NAME OF CONTACT

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	AREA	PHONE NUMBER	EXTENSION
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NAME OF FISCAL AGENT (if applicable)

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STREET ADDRESS

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CITY

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**MEDICAID DRUG REBATE PROGRAM  
STATE AGENCY CONTACT FORM**

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STATE AGENCY NAME

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REBATE CONTACT – Person responsible for invoice and receipt of rebate payments.

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NAME OF CONTACT

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	AREA	PHONE NUMBER	EXTENSION
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NAME OF FISCAL AGENT (if applicable)

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