

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/<br>PACKAGE<br>CODE | PRODUCT<br>NAME | FFS/MCO<br>RECORD ID | REBATE<br>PER UNIT | ADJUSTED<br>REBATE<br>PER UNIT | UNITS<br>INVOICED | ADJUSTED<br>UNITS<br>+ or - | LABELER<br>DISPUTED<br>UNITS | UNITS<br>PAID | ADJM<br>CODE | DISP<br>CODE | REBATE<br>AMOUNT<br>INVOICED | INVOICE<br>CORRECTION<br>AMOUNT | WITHELD<br>INVOICE<br>AMOUNT | REBATE<br>AMOUNT<br>PAID |
|                             |                 |                      |                    |                                |                   |                             |                              |               |              |              |                              |                                 |                              |                          |
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| <b>TOTALS</b>               |                 |                      |                    |                                |                   |                             |                              |               |              |              |                              |                                 |                              |                          |

CMS-304 (Exp. TBD) Plus Interest Payment  
 OMB No. 0938-0676 =====  
TOTAL REMITTANCE

According to the Paperwork Reduction Act of 1995, 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.