MEDICAID DRUG REBATE

PRIOR QUARTER ADJUSTMENT STATEMENT

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

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	P	Q	R
PRODUCT/ PACKAGE CODE	PRODUCT NAME	FFS/MCO RECORD ID	ORIGINAL REBATE PER UNIT	CURRENT REBATE PER UNIT	ORIGINAL UNITS INVOICED	CURRENT UNITS TO DATE	PRIOR UNITS PAID	CURRENT UNITS PAID TO DATE	PRIOR UNITS DISPUTED	CURRENT UNITS DISPUTED TO DATE	ORIGINAL AMOUNT INVOICED	REVISED INVOICE AMOUNT	PRIOR AMOUNT PAID	CURRENT AMT PAID TO DATE	AMT PAID THIS TRANS	ADJM CODE	DISP CODE
TOTALS																	

CMS-304a (Exp.TBD)
OMB No. 0938-0676

Plus Interest Payment

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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 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.