Department of Health and Human Services, Health Resources and Services Administration, Healthcare Systems Bureau OMB No. 0915-0327; Expiration Date: XX/XX/20XX

Entity Name: Entity Sub-Division Name: Medicare Provider Number:  Covered Entity Address Street Address (PO Box Not Allowed) *Address Line 1: Address Line 2: *City: *State: Select a State *Zip: Billing Address Same as Street Address  *Organization Name: *Address Line 2: *City: *State: Select a State *Zip: Billing Address Same as Street Address  *Organization Name: *Address Line 2: *City: *State: Select a State *Zip:  *City: *State: Participating Start Do Termination Date: Participating Approval Date:  Participating Start Do The date the entity became ineligit Last date that 340B drugs were or will	vered Entity Deta	nils					
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purchased under this 340B			The date the entity became ineligible:				
Termination Comments:			Last date that 340B drugs were or will be purchased under this 340B ID:				
		Termination Comments:					
Medicaid Billing  Medicaid Billing Information		-					

Medicaid Number				State		
NPI Number(s):						
NPI Number						
tact Information						
Authorizing Official Name:						
Title:						
Phone: Email:	Ext:					
Make Primary Contact Info	ormation same as Authorizing Offic	ial				
Primary Contact						
Name:						
Title: Phone:	: Ext:					
Email:	LAL					

February 19, 2015

1:31 PM ET

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OMB Number: 0915-0327, Expiration: XX/XX/20XX

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		ng Clinics Program Grante rtification 2015	e/ Program Manager					
NOTE:		ification is not complete u he "Attest and Recertify"	<u>-</u>	ation statement be	elow and			
overed	l Entitie	es —						
e number o	f rows return	ned: 1		Rows/Page: 200	Set			
40B ID	Batch Name	Entity Name	Subdivision Name	Address	City	State	Zip	State
ogran	n Manag	ger/Authorizing Official						
		lame:						
		Title: hone: Ext:						
		mail:						
uthori	zed Sigr	nature						
☐ The	e undersigne	ed represents and confirms that he/she is fu			nts of any statemen	nt made or reflec	cted in th	nis
doc	cument are tr	ruthful and accurate. Failure to recertify may	y be grounds for removal from the 340B Pro	ogram.				
The	e undersigne	ed further acknowledges the 340B covered of	entity's responsibility to abide by the followi	ng:				
As	an Authorize	ed Official, I certify on behalf of the covered	entity that:					
(1)	all informati	ion listed on the 340B Program database fo	or the covered entity is complete, accurate,	and correct;				
		entity meets 340B Program eligibility requestion entity will comply with all requirements of		Act and any accompanying regu	ulations including	hut not limited t	n the nr	ohihitior
aga	ainst duplicat	te discounts and diversion (section 340B(a)	(5)(A) and (B) of the Public Health Service	Act;				
	the covered alth Service A	l entity maintains auditable records pertaini Act;	ng to compliance with the requirements de	scribed in paragraph (3) above	, pursuant to secti	on 340B(a)(5)(0	c) of the	Public
(6)		ed entity uses contract pharmacy services, l entity acknowledges its responsibility to co						f the
(7)	the covered	entity acknowledges that if there is a brea that is the subject of the violation, and, de			•		r of the o	covered
Plea	ase provide a	any additional information that may be help	oful in reviewing this recertification request	, and/or any requested changes	s to the entity's 34	0B record:		
						Attest and	Recert	tify

February 19, 2015 1:33 PM ET ApexusAnswers@340bpvp.com | 1-888-340-2787 OMB Number: 0915-0327, Expiration: XX/XX/20XX

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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-03I, Rockville, Maryland, 20857.