Section 1: Covered Entity Identifiable Information		
Field Name	Response Format	
Covered Entity Name*	Text	
Covered Entity 340B ID*	Text and Numbers	

<sup>\*</sup>As reported in the OPA OPAIS database. See: https://340bopais.hrsa.gov/home

Section 2: Covered Entity Reporte			
Claim Date of Service	Prescription Number	Fill Number	
YYYY-MM-DD	9999999999999999999999999999	999999999	

<sup>\*\*</sup>Additional rows should be added when submitting additional claims

d Data Elements Example Form∗∗				
Dispensing Pharmacy NPI	NDC-11	Claim Record Indicator		
999999999	9999999999	(A): Add, (R): Remove		