MEDICAID DRUG REBATE AGREEMENT

ENCLOSURE B (PAGE 1 OF 2) SUPPLEMENTAL DATA SHEET

LABELER CODE (as assigned by FD	DA)		
LABELER NAME (Corporate name a	associated v	with labeler code)	
<u>LEGAL CONTACT</u> – Person to conta	act for lega	l issues concerning the rel	oate agreement
NAME OF CONTACT			
	AREA	PHONE NUMBER	EXTENSION
NAME OF CORPORATION			
STREET ADDRESS			
CITY		STATE	ZIP CODE
<u>INVOICE CONTACT</u> – Person respo	onsible for p	processing invoice utilizat	ion data
NAME OF CONTACT			
	AREA	PHONE NUMBER	EXTENSION
NAME OF CORPORATION			
STREET ADDRESS			

Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.

CMS-367d (Exp. 11/30/2013)

OMB No. 0938-0578

MEDICAID DRUG REBATE AGREEMENT

ENCLOSURE B (PAGE 2 OF 2) SUPPLEMENTAL DATA SHEET

LABELER CODE (as assigned by FDA)

LABELER NAME (Corporate name associated with labeler code)

TECHNICAL CONTACT — Person responsible for sending and receiving data

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

FAX #

EMAIL Address:

NAME OF CORPORATION

STREET ADDRESS

Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.

STATE

ZIP CODE

CMS-367d (Exp. 11/30/2013) OMB No. 0938-0578

CITY