## MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM

STATE AGENCY NAME

<u>TECHNICAL CONTACT</u> – Person responsible for sending and receiving data.

NAME OF CONTACT			
NAME OF CONTACT			
	AREA	PHONE NUMBER	EXTENSION
FAX	AREA	PHONE NUMBER	EXTENSION
EMAIL ADDRESS			
NAME OF FISCAL AGENT (if appli	cable)		
STREET ADDRESS			
STREET ADDRESS			
CITY		STATE	ZIP CODE
		STALE	
		STATE	
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CMS-368 (Exp. 09/30/06) OMB No. 0938-0582 Rev 3/06

## MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM

## STATE AGENCY NAME

<u>**REBATE**</u> CONTACT – Person responsible for invoice and receipt of rebate payments.

NAME OF CONTACT

AREA PHONE NUMBER

EXTENSION

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

CMS-368 (Exp. 09/30/03) OMB No. 0938-0582