MEDICAID DRUG REBATE PROGRAM
STATE AGENCY CONTACT FORM

STATE AGENCY NAME

TECHNICAL CONTACT – Person responsible for sending and receiving data.

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

FAX AREA PHONE NUMBER EXTENSION

EMAIL ADDRESS _____

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY STATE ZIP CODE

PROGRAM POLICY CONTACT – Person responsible for policy decisions.

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY STATE ZIP CODE

CMS-368 (Exp. 09/30/06)
OMB No. 0938-0582
Rev 3/06

MEDICAID DRUG REBATE PROGRAM
STATE AGENCY CONTACT FORM

STATE AGENCY NAME

REBATE 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