

**MEDICAID DRUG REBATE AGREEMENT
ENCLOSURE B (PAGE 1 OF 3)
SUPPLEMENTAL DATA SHEET**

LABELER CODE (as assigned by FDA)

LABELER NAME (Corporate name associated with labeler code)

LEGAL CONTACT – Person to contact for legal issues concerning the rebate agreement

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

NAME OF CORPORATION

STREET ADDRESS

CITY STATE ZIP CODE

INVOICE CONTACT – Person responsible for processing invoice utilization data

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

NAME OF CORPORATION

STREET ADDRESS

CITY STATE ZIP CODE

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-367a (Exp. 08/31/06)

OMB No. 0938-0578

M4

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ENCLOSURE B (PAGE 2 OF 3)
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

CITY	STATE	ZIP CODE
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CMS-367a (Exp. 08/31/06)
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PLEASE INDICATE THE MEDIA PREFERENCE YOU INTEND TO USE FOR TRANSMITTING DATA IDENTIFIED IN APPENDIX A OF THE REBATE AGREEMENT TO CMS. THE INSTRUCTIONS, TECHNICAL SPECIFICATIONS AND MATERIALS APPROPRIATE TO THE OPTION SPECIFIED WILL BE MAILED TO YOU UPON RECEIPT OF YOUR SIGNED AGREEMENT.

- OPTION 1 TELECOMMUNICATIONS**
Transmit data through telecommunications. Record formats are attached. Upon election of this option, CMS will mail additional instructions, including the "Dial In" number of the CMS electronic mailbox.
(See next pages for Telecommunications format.)

- OPTION 2 3 1/2" HD DISKETTE**
Upon election of this option, a preprogrammed diskette will be mailed to you, along with instructions.

- OPTION 3 PAPER**
For manufacturers with five or fewer NDCs. The form for submitting data is attached.
(See next pages "Paper Reporting Format")

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