

MEDICAID DRUG REBATE PROGRAM
STATE AGENCY CONTACT FORM
Form CMS-368

STATE AGENCY NAME

STATE MDP CONTACT – Person must have a valid state email address.

NAME OF CONTACT	EMAIL ADDRESS
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<u>TEL:</u> AREA	PHONE NUMBER	EXT.	<u>FAX:</u> AREA	PHONE NUMBER	EXT.
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STREET ADDRESS

CITY	STATE	ZIP CODE
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STATE TECHNICAL CONTACT – Person responsible for sending and receiving data.

NAME OF CONTACT	EMAIL ADDRESS
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<u>TEL:</u> AREA	PHONE NUMBER	EXT.	<u>FAX:</u> AREA	PHONE NUMBER	EXT.
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NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY	STATE	ZIP CODE
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MEDICAID DRUG REBATE PROGRAM
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STATE AGENCY NAME

STATE POLICY CONTACT – Person responsible for policy decisions.

NAME OF CONTACT

EMAIL ADDRESS

TEL: AREA PHONE NUMBER EXT. FAX: AREA PHONE NUMBER EXT.

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

STATE REBATE CONTACT – Person responsible for invoice and receipt of rebate payments.

NAME OF CONTACT

EMAIL ADDRESS

TEL: AREA PHONE NUMBER EXT. FAX: AREA PHONE NUMBER EXT.

NAME OF FISCAL AGENT (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE
