

Section 1: Covered Entity Identifiable Information	
Field Name	Response Format
Covered Entity Name*	Text
Covered Entity 340B ID*	Text and Numbers

\*As reported in the OPA OPAIS database. See: <https://340bopais.hrsa.gov/home>

Section 2: Covered Entity Reported Data Elements Form**					
Claim Date of Service	Prescription Number	Fill Number	Dispensing Pharmacy NPI	NDC-11	Claim Record Indicator
YYYY-MM-DD	99999999999999999999999999999999	999999999	9999999999	99999999999	(A): Add, (R): Remove

\*\*Additional rows should be added when submitting additional claims