



**Prescription Drug Event (PDE)
Payment Reconciliation Summary Reports (PRS)**

Company Name:	
Address:	
City, State, Zip:	
Contact Person:	
E-Mail address:	
Phone Number:	

Please list below the contract number(s) you authorize to receive the Payment Reconciliation Summary Reports:

** If more space is needed to list additional Contract numbers, please make a copy of this page, list the Contract numbers, and attach with the form.

Please provide the Internet Connection Type you have:

- High Speed (cable, DSL, T-1, etc)
- Dial up / Modem
- Other (please explain) _____

**Palmetto GBA
CSSC Operations**



Signature:

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Printed Name: _____

Signature: _____

Title: _____ Date: _____

Please retain a copy of all forms submitted for your records. Complete and mail this form with original signature to:

**PDE PRS Reports
P.O. Box 100275 – AG 570
Columbia, SC 29202-3275**

**Palmetto GBA
CSSC Operations**

Post Office Box 100275, AG-570 • Columbia, South Carolina • 29202-3275

www.csscoperations.com

A CMS Contracted Intermediary and Carrier