

MEDICAID DRUG REBATE AGREEMENT

ENCLOSURE B - SUPPLEMENTAL DATA SHEET

Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.

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

PHONE NUMBER (with Area Code):

EXTENSION (if Applicable):

EMAIL ADDRESS:

NAME OF CORPORATION

STREET ADDRESS

CITY

STATE

ZIP CODE

INVOICE CONTACT – Person responsible for processing invoice utilization data.

NAME OF CONTACT

PHONE NUMBER (with Area Code):

EXTENSION (if Applicable):

EMAIL ADDRESS:

NAME OF CORPORATION

STREET ADDRESS

CITY

STATE

ZIP CODE

CMS-367d (Exp.), OMB No. 0938-0578 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0578. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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LABELER NAME (Corporate name associated with labeler code)

TECHNICAL CONTACT – Person responsible for sending and receiving data.

NAME OF CONTACT

PHONE NUMBER (with Area Code):

EXTENSION (if Applicable):

EMAIL ADDRESS:

FAX NUMBER (with Area Code):

NAME OF CORPORATION

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