340B DRUG PROGRAM

COVERED ENTITY INFORMATION SHEET

Please return via e-mail to VT340b@hp.com

COVERED ENTITY INFORMATION SECTION

Name of Covered Entity: _____ "Medicaid Carve-In" Active Date:_____

Medicaid ID Number: _____ NPI # of Entity: _____

Entity Type (check box): _____ FQHC _____Hospital _____Other (specify)

340B RECONCILIATION CONTACT INFORMATION SECTION

Contact Name: _____

Address: _____

State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

PLEASE LIST ALL PHARMACY PROVIDERS IN THE SPACE BELOW (use additional sheets for additional pharmacies)

NAME	NPI NUMBER	MEDICAID ID NUMBER

PLEASE LIST ALL PRESCRIBERS IN THE SPACE BELOW (use additional sheets for additional prescribers)

NAME	NPI NUMBER	MEDICAID ID NUMBER