DRUG REBATE INTERNET SUBSCRIBER FORM

Complete the information below to receive Medi-Cal Drug Rebate internet access for one subscription year.

Return via courier or mail to:
California MMIS Fiscal Intermediary
Medi-Cal Drug Rebate Dept.
P.O. Box 13029
Sacramento, CA 95813-4029

or

Email to:
DrugRebateMedi-Cal@conduent.com
or
greg.savage@dhcs.ca.gov

SECTION 1 – SUBSCRIBER INFORMATION

Check the appropriate box: ☐ New Subscription ☐ Renew Subscription ☐ Subscription Cancellation
☐ Password Change ☐ Information Change ☐ Delete Labeler Access

SUBSCRIBER NUMBER (for Existing Subscriptions ONLY)

LAST, FIRST NAME

ORGANIZATION NAME (abbreviate if possible)

DAYTIME PHONE - FAX NUMBER -

STREET ADDRESS (include Apt/Ste/Rm #)

MAILING/DELIVERY ADDRESS (P.O. BOX OR RURAL AND RR BOX) (leave blank if same as above)

CITY STATE ZIP + 4 CODE -

EMAIL ADDRESS

EMAIL ADDRESS (Cont'd from above if needed)

SECTION 2 – LABELER/MEDI-CAL MANUFACTURER ACCESS

List the Labeler Codes that you need access to, and the time frame (earliest beginning date allowed is 4q2001) you are allowed to view data for each one. Fill out a separate form for each unique manufacturer. If you are not the labeler/manufacturer, please forward the completed form to the manufacturer for their approval.

Labeler Nbr	Beg **Qtr/Year	End **Qtr/Year	Manufacturer Approval	Manufacturer Denial	Manufacturer's Authorization Initial

***** Qtr = 1 through 4 to represent the quarter in the year.***

SECTION 3 – SUBSCRIBER AGREEMENT
This agreement is required for all subscriptions.

- The subscriber must notify DHCS in writing upon any change in labeler status (i.e. if a labeler is no longer allowed to be accessed by the subscriber, the subscriber must notify DHCS that the labeler be taken off their subscription).
- The subscriber acknowledges that neither DHCS nor its agent is responsible for errors or problems, including problems of incompatibility, caused by hardware or software not provided by DHCS.
- The subscriber agrees under penalty of perjury that all labelers/Medi-Cal manufacturers listed on this form are allowed to be accessed by the organization they represent. The subscriber also agrees to furnish any legal documentation proving their accessibility to these labelers/Medi-Cal manufacturers upon request from DHCS.

I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement and also that the information provided on this form is accurate and truthful.

Printed Name of Subscriber	Subscribers Signature
Title	Date

SECTION 4 – MANUFACTURER AGREEMENT

- The manufacturer must notify DHCS in writing upon any change in labeler status (i.e. if a labeler is no longer allowed to be accessed by the subscriber, the manufacturer must notify DHCS that the labeler be taken off of the subscription).
- By granting access to the subscriber, the manufacturer acknowledges that the subscriber will have access to all NDCs for the time period requested.
- Please mail or email the completed form to the address at the top of the form.

Printed Name of Manufacturer Representative	Manufacturer Representatives Signature
Title	Date
Phone Number	Email

Comments: _____

_____

DHCS Internal Use only:

☐ Approve ☐ Disapprove

Signature	Date