

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: _____ or _____
California MMIS Fiscal Intermediary
Medi-Cal Drug Rebate Dept.
P.O. Box 13029
Sacramento, CA 95813-4029

Email to:
Medi-CalDrugRebate@dxc.com
 or
DrugRebateBranch@dhcs.ca.gov

SECTION 1 – SUBSCRIBER INFORMATION

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

 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 (Continued 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 Number	Begin **Qtr/Year	End **Qtr/Year	Manufacturer Approval	Manufacturer Denial	Manufacturer's Authorization Initial

** Qtr = 1 through 4 to represent the quarter in the year. For additional entries, go to Section 5.

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, cause by hardware or software not provided by DHCS.
- The subscriber agrees under penalty of perjury that all Labelers/Medi-Cal Manufactures listed on this form are allowed to be accessed by the organization they represent. The subscriber also agrees to furnish any legal documentation providing 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

 Subscriber's 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 Representative's Signature

 Title

 Date

 Phone Number

 Email

 Comments: _____

DHCS Internal Use Only:

 Approve

 Disapprove

 Signature

 Date

