



Office of Primary and Specialty Health

Attachment A - Attestation of Required Qualifications and Applicant Information

Per Section 6 of this Open Enrollment for Kidney Health Care Program (KHC) Drug Rebate Agreement, OE Number

_____ attests that we are engaged in a federal rebate agreement with Texas Medicaid.
[MANUFACTURER NAME]

_____ attests we have received written verification that our product(s) meet the KHC program criteria.
[MANUFACTURER NAME]

Applicant will provide any additional documentation regarding this Attachment A upon request.

Signature Signatory Name and Title Date

Applicant Contact Information
Legal Entity Name
Manufacturer Labeler Code(s)
Manufacturer Physical Address

Person Authorized to Sign Contract
Name and Title
Mailing Address
Phone Number
Email Address

Primary Contact for Questions Regarding Application

Name and Title

Mailing Address

Phone Number

Email Address

Primary Contact for Contract Management

Name and Title

Mailing Address

Phone Number

Email Address

Alternate Contact for Contract Management

Name and Title

Mailing Address

Phone Number

Email Address