

340B NEW PHARMACY FORM

Please complete the fields below and send the form to ryan.bettencourt@mass.gov and breeyn.green@mass.gov. All fields must be completed in full, and the pharmacy must be enrolled with MassHealth before the 340B setup can be completed.

Entity name _____
(Hospital or CHC that owns or contracts with the dispensing pharmacy)

Entity address _____

Entity contact name & job title _____

Entity phone & email _____

Entity's NPI # _____

Entity's MassHealth provider number (PID/SL) where payment should be sent _____

Is the Entity 340B eligible? ☐ Yes ☐ No

=====

New pharmacy's name _____

Pharmacy's address _____

Pharmacy contact name & job title _____

Pharmacy contact phone & email _____

Pharmacy's NPI _____

Pharmacy MassHealth provider number _____

Pharmacy's relationship to the entity ☐ Owned ☐ Contracted

License held by the pharmacy (select all that apply) ☐ Clinic ☐ Retail

Will the pharmacy submit 340B claims with Submission Clarification Code "20" and Basis of Cost

Determination "08"? ☐ Yes ☐ No

Requested effective start date of 340B relationship _____

Provider's Attestation, Signature, and Date [340B-covered entity]

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Provider's signature (signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable):

Printed legal name of provider: _____

Printed legal name of individual signing (if the provider is a legal entity): _____

Date: _____

For Internal POPS Use:

☐ 0001 ☐ 0002 ☐ 0003 ☐ 0008

Approved by: _____