



**First Health  
Services Corporation®**

*A Coventry Health Care Company*

**Request for the NY State Maximum Allowable Cost (SMAC) List**

**Provider is granted access to the NYS Medicaid SMAC list for the sole purpose of assisting Provider in submitting claims to NYS Medicaid and understanding the State Medicaid program's claims reimbursement.**

**Provider shall not reproduce, distribute, or make any other use of the Medicaid SMAC list other than as specified herein. In order to receive the Medicaid SMAC list, Provider must indicate acceptance of these Confidentiality Terms and Conditions of Use by completing this form and mailing to First Health Services Corporation.**

**By doing so, Provider expressly agrees to be bound by these Confidentiality Terms and Conditions of Use and acknowledges that Provider may be held liable for any breach thereof.**

**Upon receipt of this form, the NYS SMAC list will be mailed to the provider.**

**Mail completed form to:**

**First Health Services Corp.  
4300 Cox Road  
Glen Allen, VA 23060  
Attn: Rebate-SMAC Department**

**Provider Name:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_

**Medicaid Provider ID Number:** \_\_\_\_\_

**Provider Phone Number:** \_\_\_\_\_

**Pharmacists' Name:** \_\_\_\_\_

**Pharmacists' Signature:** \_\_\_\_\_