

Request for New York State Maximum Allowable Cost (SMAC) List

August 13, 2012

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 Magellan Medicaid Administration.

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:

Magellan Medicaid Administration, Inc.
11013 W. Broad Street
Suite 500
Glen Allen, VA 23060
Attn: Rebate-SMAC Department

Provider Name: _____

Provider Address: _____

Medicaid Provider ID Number: _____

Provider Phone Number: _____

Pharmacists' Name: _____

Pharmacists' Signature: _____