

Pharmacy ownership verification form

The purpose of this form is to gather information in connection with the settlement of a lawsuit filed by three pharmacy associations against the Health Care Authority (HCA). This case is *National Association of Chain Drug Stores, et al., v, Washington State Health Care Authority, et al.* (Washington State Court of Appeals Case No. 51489-3-II). Under the Settlement Agreement, the HCA will pay a supplemental professional dispensing fee to pharmacies who participated in the fee-for-service Medicaid program and were paid for claims for services during the period of April 1, 2017 and ending June 30, 2023. Your information will help HCA complete the payment process. HCA will make the payments to the last known remittance address that HCA has on file for the physical pharmacy location.

If you owned a pharmacy and contracted with HCA as a network pharmacy on or after April 1, 2017 and your pharmacy no longer contracts with HCA, was closed, or was sold, you may use this form to provide HCA with updated contact information to receive payment.

All responses will be public record under chapter 42.56 RCW.

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Pharmacy information (April 1, 2017 to present)

Pharmacy legal name

Pharmacy d/b/a name

Pharmacy NPI

NABP number

DOH pharmacy license number

Physical location of pharmacy at the time it was enrolled with HCA

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Owner information (April 1, 2017 to present)

Legal owner

Federal tax ID

WA unique business identifier (UBI)

Dates of ownership from

to

Address of legal owner

Address to remit payment

Date pharmacy closed or contract ended, if applicable

Date pharmacy was sold, if applicable

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New owner information if sold (April 1, 2017 to present)

New owner

Federal tax ID

WA unique business identifier (UBI)

Dates of ownership from

to

Address of legal owner

Address to remit payment

Contact name

Email

Telephone

Additional information to submit to HCA for verification purposes:

Pharmacy license

Washington business license

Form submission

Once complete, return this form to applehealthpharmacypolicy@hca.wa.gov.