



State of New Jersey  
Department of Human Services  
Division of Medical Assistance and Health Services

New Jersey Health Services Program **MEDICAID ALERT**

MARCH 1992

**TO:** Providers of Pharmaceutical Services

**SUBJECT:** Deadline for the Return of the Form FD-70 (Pharmacy Provider Certification Statement) to Unisys/Paramax

**BACKGROUND:** Each participating Medicaid and/or Pharmaceutical Assistance to the Aged and Disabled (PAAD) pharmacy provider must submit his/her total prescription volume annually to the Division of Medical Assistance and Health Services to determine the basis of payment for reimbursement of legend drug claims submitted (see Newsletter Volume 1 No. 7, December 1991).

**ACTION:** Any pharmacy provider who has not already submitted a completed Pharmacy Provider Certification Statement (Form FD-70), must do so no later than April 1, 1992. Please return the completed form to:

Unisys/Paramax  
CN 4804  
Trenton, NJ 08650  
Attn: Form FD-70

Any pharmacy provider who has not received the Form FD-70 for completion should request a form from Unisys/Paramax or telephone 1-800-776-6334 or 1-609-587-1955.

RETAIN THIS MEDICAID ALERT AT THE END OF YOUR FISCAL AGENT BILLING SUPPLEMENT.