

[ON PHARMACY STATIONERY]
[Suggested Forwarding Letter]

[DATE]

EDS
PO Box 5007
Hartford, CT 06104
[See page 2 of the Bulletin
for the address to be used
by LTC providers]

Re: Provider Bulletin #PB 2007-41

Ladies and Gentlemen:

Enclosed please find our completed Attestation and supporting Incumbency Certificate as required by the above Bulletin.

We would also like to use this letter to comment briefly on the statement in the Attestation that we have “complied with all of the applicable requirements” of the cited section of the Social Security Act and the sections of the Regulations of Connecticut State Agencies.

While we believe that the policies and procedures we have adopted are generally consistent with applicable federal and Connecticut law, in the absence of specific official guidance, what we have adopted more accurately represents our good faith effort to be in compliance.

We anticipate that at some point in the development of the DRA program, providers such as ourselves will receive further information that will enable us to modify these policies and procedures as needed.

Sincerely yours,

Pharmacy Name

By:

Name

Title