

## TRICARE RETAIL PHARMACY REFUNDS QUESTIONNAIRE

Please complete the **TRICARE** Retail Pharmacy Refunds Manufacturer Questionnaire and email to [UFVARR@tma.osd.mil](mailto:UFVARR@tma.osd.mil) or fax to the attention of 703 Program Support at 703-681-1940.

**Labeler Code (as assigned by FDA):**

**Labeler Name / Parent Company/ Associations:**

**Tax Id (TIN):**

**Official Mailing Address:**

**Primary Contact for Program:**

**Primary Telephone Number:**

**Primary Email Address:**

This person is responsible for:  
Sending and receiving data.  
Processing invoice utilization data

**Alternate Contact for Program:**

**Alternate Telephone Number:**

**Alternate Email Address:**

This person is responsible for:  
Sending and receiving data.  
Processing invoice utilization data

**Finance Manager for Program:**

**Finance Telephone Number:**

**Finance Email Address:**

This person is responsible for:  
Sending and receiving data  
Processing invoice utilization data

Please Note: Primary Contact cannot be a third party. If more than one labeler code, attach one sheet for each code.  
TRICARE Retail Refund Program Information can be found at: <http://www.tricare.mil/tma/pharmacy/pharmmg>

