

# 340B COVERED ENTITY REQUEST FOR INFORMATION

Dear Customer,

You have verbally notified or are now with this Request for Information form notifying Foundation Care, LLC (“Foundation Care”) that you are a 340B Covered Entity that has registered as such with the Health Resources and Services Administration’s (“HRSA”) Office of Pharmacy Affairs Information System (“OPAIS”). In order to ensure your 340B purchase account is set up correctly, Foundation Care requests that you complete this form and furnish the requested information.

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

340B ID: \_\_\_\_\_

340B Authorized Official Name: \_\_\_\_\_

340B Authorized Official Title: \_\_\_\_\_

340B Authorized Official Email/Phone Number: \_\_\_\_\_

Please ensure that Authorized Official Name, Address, and 340B ID are identical to those listed in HRSA’s OPAIS.

Desired Effective Date of 340B Purchase Account:

ASAP

Future Date: \_\_\_\_\_ (e.g. start of next quarter after initial registration)

Date of Submission: \_\_\_\_\_

If you have questions about this form, please call 833.291.2773.

Please email completed form to: [FCPiclusig@foundcare.com](mailto:FCPiclusig@foundcare.com)

**FoundCare.com**

**P:** 833.291.2773 • **F:** 833.978.0054

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