



Addendum to the Provider Enrollment Application
for Retail Pharmacy Providers

- 1. Please provide the total square footage of floor space for the retail store where the pharmacy department is located (not just the square footage of the pharmacy department itself). (Alaska In-State Pharmacies Only.)

_____ total square footage of retail store floor space

This information is required under Title 7 of the Alaska Administrative Code (7 AAC 145.400-410) and is used to calculate the pharmacy dispensing fee. If there is a change in the total square footage of retail store floor space, the provider must notify Affiliated Computer Services' Provider Enrollment Department.

- 2. Provide the number assigned to the pharmacy by the National Council for Prescription Drug Plans (NCPDP), formerly the National Association of Boards of Pharmacy (NABP). (All Pharmacies.)

_____ NCPDP/NABP Number

- 3. Provide the National Provider Identifier (NPI) assigned to the pharmacy. (All Pharmacies.)

_____ NPI Number

Name of Retail Pharmacy

Name of Pharmacy Authorized Representative

Title

Signature of Pharmacy Authorized Representative

Date