

Drug Price Transparency Submitter Registration

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Organization

Organization Name

Organization Type:

Carrier

Drug Manufacturer

Pharmacy Benefit Manager (PBM)

Distributor

Pharmacy Service Administrative

WAOIC # (PBMs and Carriers only)

UBI #

Tax ID #

Address

City

State

Zip

Country

2

Primary Contact

Title

First Name

Last Name

Phone Number

Contact Email

Contact Address

City

State

Zip

Country

3

Secondary Contact

Title

First Name

Last Name

Phone Number

Contact Email

If you have trouble completing this form, please see our **frequently asked questions** document.