



DEPARTMENT OF VERMONT HEALTH ACCESS

280 State Drive, NOB 1 South  
Waterbury, VT 05671-1010  
www.dvha.vermont.gov  
802-879-5900

# PHARMACY ASSESSMENT MONTHLY DOCUMENTATION FORM

Assessment for:	Month	Year
	<input type="text"/>	<input type="text"/>
Pharmacy Name		
<input type="text"/>		
Street Address		Suite Number
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

NPI #	<input type="text"/>
Prescriptions and Refills (quantity)	<input type="text"/>
Assessment amount due to the State (quantity x \$0.10)	<input type="text"/>
Late payment penalty*, if applicable	<input type="text"/>
Total due to the State	<input type="text"/>

I attest that the above is a true and accurate count of all prescriptions and refills dispensed. This count includes all prescriptions and refills (private insurance, self-pay, Medicaid, etc.).

Printed Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
Phone Number	<input type="text"/>	Email	<input type="text"/>

Send completed form and check payable to Department of Vermont Health Access to:

**State of Vermont  
DVHA AR Lockbox  
PO Box 1335,  
Williston, VT 05495**

\*Two percent (2%) of the assessment amount for each quarter it remains unpaid (not to exceed \$500.00 for any one quarter).