



Closed Point of Dispensing (POD) Plan Attachment Sub Unit Information

Please attach the following information to your organization's plan to describe how you will distribute to responsible individuals at your Sub Unit(s). Use multiple sheets as needed.

Submit the following information for each Sub Closed POD Unit:

Name of Organization		
Address		
Phone Number	Fax	FIN#

Primary Contact Person

Name	Title
Phone Number	E-Mail Address

Secondary Contact Person

Name	Title
Phone Number	E-Mail Address

Medical Director Information

Name	Phone Number
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Please provide information below about the population that your organization will want covered under this provider enrollment form. Also note, it is REQUIRED for all facilities to have a large enough space to conduct dispensing operations. (EX: conference room, cafeteria, or auditorium)

Total Number of Employees	
Total Number of Family Members of Employees	
Total Population to be Served	

Older Adults (65+)	Adults (18-64 and children over 80lbs)	Children (Under 18 and weigh less than 80lbs)