



## 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# EIN#

*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 (Other Population to be Served i.e. Residents, In-house Contracted Individuals, Inmates, etc.)	

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