

# NYSIF Invoice

**PBM PAPER INVOICE:**

Directory/Operator:

Billing Department:

Phone:

INV Date:

Payment Terms: Per the contract

Account Name: New York State Insurance Fund

INV Total:

NEW YORK STATE INSURANCE FUND

ATTN:

199 Church Street - 4th Floor

New York, NY 10007

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DESCRIPTION	TOTAL	AMOUNT
MAIL ORDER BRANDED	: INGREDIENT	
	: DISPENSING	
	: ADMINISTRATION	
	: TAX	
	: LESS: COPAY	
	: CLAIMS	
	MAIL ORDER BRANDED	
MAIL ORDER GENERIC	: INGREDIENT	
	: DISPENSING	
	: ADMINISTRATION	
	: TAX	
	: LESS: COPAY	
	: CLAIMS	
	MAIL ORDER GENERIC	
NETWORK BRANDED	: INGREDIENT	
	: DISPENSING	
	: ADMINISTRATION	
	: TAX	
	: LESS: COPAY	
	: CLAIMS	
	NETWORK BRANDED	

NETWORK GENERIC : INGREDIENT  
: DISPENSING  
: ADMINISTRATION  
: TAX  
: LESS: COPAY  
: CLAIMS  
NETWORK GENERIC

\*NON-NETWORK BRANDED : INGREDIENT  
: DISPENSING  
: ADMINISTRATION  
: TAX  
: LESS: COPAY  
: CLAIMS  
NON-NETWORK BRANDED

\*NON-NETWORK GENERIC : INGREDIENT  
: DISPENSING  
: ADMINISTRATION  
: TAX  
: LESS: COPAY  
: CLAIMS  
NON-NETWORK GENERIC

REMITTANCE INFORMATION

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Remit Address

Payment Instructions

Wire:  
Bank Information  
ABA # :  
ACCT# :

ACH/EFT:  
Bank Information  
ABA # :  
ACCT# :

Customer : ANYSIFCOMP  
Group :  
INV NUMBER :  
INV DATE :  
INV TOTAL :