

## Pharmacy Addendum for ProviderSelect: MD™ Members

In addition to the terms of the Letter of Participation or Membership Application (“Application”) previously executed, the undersigned facility (“Participating Member”) agrees to the following terms and conditions in order to participate in the Provider Select Pharmacy group purchasing program (“Pharmacy Program”).

### Participating Member Information: *(Please provide all bill-to and ship-to address information on page 2.)*

Participating Member Facility/Practice Name:			Primary Contact Name:
Street Address <i>(No P.O. Boxes please.)</i> :		Ste./Fl.:	Primary Contact Title:
City:	State:	Zip Code:	Primary Contact Phone Number:
Facility/Practice Phone Number:			Primary Contact Email:
DEA #*:			HIN #*:
Premier Entity Code:			

**\*To participate in the Premier Pharmacy Program Participating Member must provide a DEA # and/or HIN #. The registered address for the DEA and/or HIN must match the address provided above in order to gain access to the program. Some suppliers may require a DEA # (rather than a HIN) in order to provide access to program pricing. DEA and HIN #s for all ship to addresses accessing the program must be provided on Page 2.**

1. Participating Member hereby designates and will use Premier’s Pharmacy Program as its Primary GPO for Participating Member and all Child Sites currently owned or subsequently acquired by Participating Member or any affiliate of Participating Member.
2. Participating member designates the Pharmacy Program’s authorized pharmacy wholesaler (the “Authorized Wholesaler”) as its prime Vendor for purchasing pharmaceuticals under the Pharmacy Program. Participating Member further authorizes the Authorized Wholesaler to release total purchase data to Premier.
3. Participating Member represents that all products and supplies purchased under Premier negotiated agreements are for its own operations, excluding operations which compete with retail trade, and are not for resale.
4. Participating Member understands that each Vendor and each wholesaler contract in the ProviderSelect: MD Program has individual terms and conditions.
5. This Addendum shall terminate upon the termination of Participating Member’s Provider Select:MD Application and may be canceled by Premier or Participating Member by giving at least thirty (30) days written notice of cancellation to the others.

By signing below, Participating Member hereby agrees to the foregoing terms of participation and confirms that all information supplied by Participating Member to Premier is complete and accurate. If Participating Member is a Multi-Facility System, Participating Member will list on Schedule 1 attached to this Addendum the facilities that it intends to serve as Child Sites subject to the terms of this Addendum. Participating Member may update the Child Site list upon written notice to Premier consistent with the terms of this Addendum. Participating Member represents that it has authority over all purchases, including liability for payment of invoices, for each Child Site listed and that it has the authority to sign and bind each Child Site to the terms of this Addendum. In such case, Participating Member and each such Child Site shall be bound by the terms of this Addendum.



\_\_\_\_\_  
Signature of Participating Member

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Participating Member

\_\_\_\_\_  
Date

### To Be Completed by McKesson Account Manager:

McKesson Account Manager Name:	Account Manager Phone Number:	Account Manager Email Address:
Account Number:		

Email the completed addendum to [Rosters@Premierinc.com](mailto:Rosters@Premierinc.com)

## Schedule 1 – Child Site List

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Please use the form attached below to list all Child Sites that will be receiving Products through the Premier Program that meet the following requirements below:

1. **The Participating Member has legal authority to sign and bind the Child Site to Program contracts, including the terms of this Agreement.**
2. **The Participating Member has control over all supply chain and purchased services for the Child Site.**

If either of the requirements above are not met, the Child Site must complete its own, separate Membership Application.

By submitting Schedule 1 to Premier, Participating Member certifies that the responses listed on Schedule 1 are true and accurate.

Participating Member authorizes and designates its Sponsor, distributor/wholesaler or other agent to add new Child Sites by submitting to Premier a list of new Child Sites on the attached form or by other written communication for the same purpose. Participating Member acknowledges and agrees that by making or authorizing any such future submissions of Child Site(s), unless expressly stated otherwise in the applicable submission, Participating Member certifies that it (1) has legal authority to sign and bind the Child Site(s) to contracts, including the terms of this Agreement, and (2) has control over all supply chain and purchased services for the Child Site(s).

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*\* A DEA # and/or HIN # must be provided for all Child Sites that will be participating in the Premier ProviderSelect: MD Program. The registered address for the DEA and/or HIN must match the address associated with it on this form in order to gain access to the ProviderSelect: MD Program. Some Vendors may require a DEA # (rather than a HIN) in order to provide access to ProviderSelect: MD Program pricing.*

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Exh D - Sch 1 List of  
Child Sites\_6-9-21.xlsx

Email the completed Agreement to [Rosters@PremierInc.com](mailto:Rosters@PremierInc.com).

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE BY PREMIER.**