

Thank you for your interest in becoming a McKesson 340B covered entity /contracted pharmacy.

Please use the following checklist to guide you through the process.

If you do not have access to McKesson *Connect*, our online ordering tool, you, the Covered Entity, must complete the McKesson *Connect* 340B Contract Pharmacy Load Form, filling in the yellow highlighted fields. If you are already have access to McKesson *Connect* and have a user ID, please provide that information.

Please complete all forms and requirements. Return them with the checklist to McKesson via your third party vendor. Once all documentation is received in its' entirety by McKesson, we will begin processing.

When your McKesson *Connect* access is ready, you will receive a follow-up email with your user ID and password from our eCommerce Technical Support team along with training support information about how to use the system and pay invoices.

Sincerely,

Your McKesson 340B Team



## McKesson 340B Covered Entity/Contracted Pharmacy – Form Checklist for New Covered Entity Customer

Please note requirements for both the Covered Entity and Contracted Pharmacy, both components are required for this type of account set-up.  
This sheet must be completed and submitted back to McKesson via the 3<sup>rd</sup> party vendor with the packet.  
If you are NOT using a 340B Software Vendor please submit back to your Field Account Manager.

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Covered Entity (Legal Business Name/Sold To)

Contract Pharmacy (DBA or Business Trade Name)

340B ID# (Mandatory)

340B Software Solutions Vendor(s)

Covered Entity DEA

### Covered Entity Forms and Requirements

- ☐ 1. To initiate access to McKesson Connect, link to this [form](#), complete, and email this form back with the packet to your designated contact.  
**Please note that this access request is only for the designated members of the covered entity.**  
a. To complete this form, click on second worksheet tab titled "users".  
b. Enter the user name and user email in the yellow highlighted sections.  
c. **USER ID** must be populated if the user has an existing ID with McKesson or the set up will not be completed properly.  
d. This is the system/tool that you will look up your invoices for these accounts.
- ☒ 2. The OPA Website has been updated and is accurate (attach HRSA screenshot) "Bill to" is the 340B covered entity's information per the OPA website and the "ship to" information is specific to the contract pharmacy.
- ☐ 3. Completed McKesson Credit Application:
- ☐ McKesson Account Set-up Form (est. monthly purchases required)
  - ☐ Terms and Conditions Form. **Please note:** ACH is the preferred payment term on all new accounts; not selecting this could impact the credit manager's final decision
  - ☐ Voided check per the executed ACH agreement or bank letter containing legal name, account number and routing number.
  - ☐ Copies of the 340B covered entity's 2 most recent annual balance sheets and income statements
  - ☐ Copies of the 340B covered entity's 3 most recent and consecutive months of vendor statements, please note this must equate to a 3 month period.
  - ☐ State Tax Certification- requested current copy for all nonprofit entities with every set up request and based on shipping location. If State Tax Certification is not provided at account set up, Covered Entity will be subject to applicable state taxes.
- ☐ 4. Covered Entity Authorization/Pricing Consent Form. If there is affiliation with two 340B Software Vendors due to Gateway processing you must list both.
- ☐ 5. Invoice Type Selection Document
- ☒ 6. McKesson Plasma & Biologics Account Questionnaire/Set Up Document: This is required in order to purchase MPB items on a MPB correlating account. This correlating account will be established after the new Pharma account is fully set up.  
**If you decline this option please sign here.**  
I DO NOT want a correlating MPB account for the accounts being requested in this application \_\_\_\_\_ Date \_\_\_\_\_

### Contract Pharmacy Forms and Requirements

- ☐ Current McKesson distribution retail customer? ☐ Yes ☐ No Account# \_\_\_\_\_  
(Spreadsheet can be provided with ship-to account numbers by ship to location BUT the ship to detail must also be listed as required within the body of the application.)
- ☐ If Non-McKesson distribution retail contract pharmacy customer please include:
- ☐ Pharmacy's DEA License ☐ Pharmacy's State Pharmacy License ☐ Resale Certificate ☐ CS License (when applicable)

Completed by \_\_\_\_\_

Date \_\_\_\_\_

This information is to be completed in its' entirety before submission to McKesson without exception. Any omission of information could cause indefinite delays in the implementation process.

### Information regarding the account set up process:

- **A wet signature is required on the application. Stamped or electronic signatures will not be accepted.**
- **Who fills out this form?** This form is intended for the Covered Entity to fill out and submit.
- **Who is the form submitted to upon completion?** If the covered entity is working with a 3<sup>rd</sup> party software vendor the application must be submitted to that software vendor. If the covered entity is NOT working with a 3<sup>rd</sup> party software vendor the application must be submitted back to the applicable field account manager.
- **How do we know when the account set up is finalized?** The McKesson PHS/340B Team provides weekly updates to our 3<sup>rd</sup> party software vendors and they will update the applicant accordingly. If you are not with a 340B software vendor please contact your field account manager.
- **How long does it take?** This varies based on the information provided on the application, credit review and applications currently in-queue. It is of upmost importance to provide all necessary information on the above checklist as well as an application that is fully completed.
- **Can I make changes to the wording on the application?** No, it is not meant to be updated, altered or changed. We cannot accept an application that has strikethroughs or additional language added.
- **ACH is a required payment method**

**CUSTOMER APPLICATION**

(Please print in block letters)

CD01-P V.11-19

Type of Business: ☐ Acute ☐ Primary Care ☐ Specialty ☐ Home Health ☐ Extended ☐ Long Term ☐ Pharmacy ☐ Closed Door ☐ Mail Order ☐ Supplier ☒ Other **Critical Access Hospital**

**MANGUM REGIONAL MEDICAL CENTER**

**Legal Company Name**

**1 WICKERSHAM DRIVE**

Legal Address (Main Office)

**Chelsea Church**

**Contact Name** we may call for questions regarding this application

Website Address

**Mangum**

City

**Clinical Pharmacist**

Title

Federal Tax ID / EIN

**OK 73554**

State

**(405) 892-2298**

Phone

Billing / Statement Address (if different than Main Office)

City

State

Zip

Accounts Payable Contact Person

Accounts Payable Telephone

Accounts Payable Fax

Accounts Payable Email

**Shipping Information:** ☐ If more than 1 Ship-to, please attach multiple Ship-to's Information

\$

\$

DBA or Business Trade Name of Account

**Estimated Monthly Purchases**

**Initial Order**

Number of Employees

Ship to Address

City

State

Zip

Ship to Contact Person

Ship to Telephone

Ship to Fax

Ship to Email

Has applicant, applicant's parent or affiliates ever filed for bankruptcy? ☐ No ☐ Yes, attach explanation

**YEAR established** **YEAR Current Ownership** **State Org**

**Ownership Type:** ☐ Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Private Corp ☐ Public Corp ☐ Professional Corp ☐ Non-Profit Corp ☐ Government

**Principal Owner(s) or Stockholder(s)**

**% Ownership(s)**

**NAME OF CONTROLLING ENTITY** (if any)

Applicant's relationship to controlling entity

Phone

Address of Controlling Entity

City

State

Zip

**REFERENCES:**

Primary Bank/Financial Institution

Account Number

Contact Name

Phone

Primary Supply Provider

Account Number

Contact Name

Phone

Primary Technology Provider

Account Number

Contact Name

Phone

**Additional Information Required** (If applicable, please attach these documents to this application):

- ☐ Copy of Resale/Tax Exemption Certificate
- ☐ Copy of DEA Registration, State Pharmacy License, or Medical License
- ☐ Copies of 3 most recent and consecutive primary supply statements
- ☐ Annual Financial Statements for the past 2 years (including balance sheet, income statement, and cash flow statements)

DEA#

HIN#

Medical License # & State

**This section applies to all accounts with MCKESSON CORPORATION and its affiliated companies ("McKesson")**

Customer agrees to abide by (I) standard terms of sale provided or made available by McKesson and/or shown on McKesson's invoices or statements and (II) any written agreement or terms of sale with McKesson governing Customer's account. Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed to a third-party agent on behalf of Customer). Any payment made after the net due date shall result in the loss of any prompt cash payment discount specified on the related invoice or statement and Customer shall pay the gross amount plus any applicable service charges. Without limiting McKesson's other legal rights, McKesson may exercise a right of set-off against amounts due Customer from McKesson Corporation or any of its affiliates. McKesson reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders to Customer if McKesson concludes that (I) there has been a material adverse change in the Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet McKesson's credit requirements.

Customer represents that it is entitled to discounted prices from manufacturers as it has notified McKesson ("Contract Prices"). In consideration of McKesson allowing Customer to purchase products at Contract Prices, Customer represents that McKesson will be paid by the appropriate manufacturer the difference between McKesson's acquisition price and the Contract Price ("Chargeback") and Customer will be liable to McKesson for any unpaid Chargeback if any manufacturer (I) denies a Chargeback for any reason, (II) makes an assignment for the benefit of creditors, files a petition in bankruptcy, is adjudicated insolvent or bankrupt, or if a receiver or trustee is appointed with respect to a substantial part of its property or a proceeding is begun which will substantially impair its ability to pay Chargebacks or (III) fails to pay McKesson Chargebacks for any reason other than McKesson's gross negligence.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating due to race, color, religion, national origin, sex, marital status, age; or because all or part of the Customer's income is from any public assistance program; or the Customer, in good faith, exercises any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with this law. Customer represents and warrants that Customer has read and understands this form and has reviewed the information provided in its entirety, including responses completed for Customer by a McKesson representative, and that all information is complete and correct. Customer agrees that McKesson will be relying on such information and will notify McKesson of any material changes to such information.

Customer agrees to provide McKesson with financial statements upon request. Customer authorizes McKesson, its employees, representatives, and agents to (I) investigate information provided and Customer's credit, financial and banking records, (II) obtain Customer's credit bureau report and (III) share with its affiliates experiential and transactional information regarding Customer and Customer's credit. McKesson is authorized to retain information obtained as part of the application process whether or not the requested account and/or credit is granted. Customer agrees to pay all reasonable attorney fees and expenses or cost incurred by McKesson in enforcing its rights to collect amounts due from Customer. This form and any account opened in favor of Customer are subject to credit approval by McKesson.

By signing below, the undersigned authorized McKesson to order a consumer report related to the business principal(s) to determine credit eligibility.

Authorized Signature

Print Name

Title

Date

(By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)

**TERMS AND CONDITIONS**

(Please print in block letters)

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Legal Company Name: **MANGUM REGIONAL MEDICAL CENTER**  
Address: **1 WICKERSHAM DRIVE**

Customer DBA Name: \_\_\_\_\_  
City: **Mangum** State: **OK** Zip: **73554**

**CUSTOMER SET UP & AUTHORIZATION FOR AUTOMATED CLEARING HOUSE ("ACH") CREDITS AND DEBITS (electronic payment)**

Bank Name: \_\_\_\_\_ Bank Transit ABA#: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_  
**Statement-delivery preference:** Check ONE: ☐ Email ☐ Fax  
Authorized Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Alternate Contact Name/Phone: \_\_\_\_\_

\*\*\*\*\* **IMPORTANT:** Please attach a copy of a voided check \*\*\*\*\*

Customer authorizes McKesson Corporation, A Delaware Corporation, for itself and as collection agent for any of its affiliates (collectively "McKesson"), to initiate ACH credit and debit entries to/from Customer's business account indicated above for amounts owed on invoices or statements that are provided to Customer and Customer hereby authorizes the financial institution named above (the "Institution"), to accept the ACH credit and debit entries. Authority to initiate ACH credit and debit entries shall remain in full force and effect until McKesson's Credit Department has received written notice from Customer 30 days in advance of its termination of such authorization. Customer understands that Customer has the legal right to stop payment of an ACH credit or debit entry by notification to Institution; provided, prior to such action, Customer shall give McKesson 30 days written notice to permit McKesson to take any necessary actions to avoid disruptions in payments from Customer. Customer agrees to follow NACHA rules applicable to ACH transactions.

Customer agrees to pay for all purchases, services, fees and other charges incurred by Customer, any employee or other agent (whether acting under authority of the Customer or otherwise) on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed or services provided to a third-party agent on behalf of Customer). Customer agrees to pay all reasonable attorney fees and expenses or costs incurred by McKesson in enforcing its rights to collect amounts due from Customer. Without limiting McKesson's other legal rights, McKesson may exercise a right of set-off against amounts due Customer from McKesson. McKesson reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders or the providing of any service, software, support or implementations to Customer if McKesson concludes that (I) there has been a material change in the Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet McKesson's credit requirements.

**AUTHORIZED SIGNATURE**

Print Name

Title

Date

(By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)

**This section applies to all accounts with MCKESSION CORPORATION DRUG COMPANY**

**Please select one:** ☐ **Weekly Payment Terms:** Purchases for invoices from Monday – Friday are due by Tuesday of the following week via Automated Clearinghouse (ACH) or other Electronic Funds Transfer (EFT) method acceptable to McKesson. The debit will be initiated by McKesson.  
☐ **Semi-Monthly Payment Terms:** Payment is made from statement, with invoices dated from the 1<sup>st</sup> – 15<sup>th</sup> due at McKesson's "remit to" address on the 25<sup>th</sup> and invoices dated from the 16<sup>th</sup> – the last day of the month due at McKesson's "remit to" address on the 10<sup>th</sup> of the following month via Automated Clearinghouse (ACH) or other Electronic Funds Transfer (EFT) method acceptable to McKesson. The debit will be initiated by McKesson.

**Security Interest:** In order to secure timely and full payment and performance of all present and future obligations of Customer to McKesson Corporation and any of its affiliates (collectively referred to as "McKesson") (all collectively referred to as the "Obligations"), including, without limitation, all promissory notes, direct loans or sales on credit, Customer hereby grants to McKesson Corporation, for the benefit of McKesson, a security interest in all of Customer's right, title and interest in and to its personal property, whether now owned or hereafter acquired, including, without limitation, all Accounts, Cash, Chattel Paper, Deposit Accounts, Documents, Equipment, General Intangibles, Goods, Health Care Insurance Receivables, Instruments, Inventory, Investment Property, Letter-of-Credit Rights and promissory notes, together with all attachments, replacements, substitutions, additions and accessions, and all Proceeds and products thereof and all books and records relating to any of the foregoing (collectively, the "Collateral"). Capitalized terms used herein that constitute Collateral shall have the meanings given to such terms under the California Uniform Commercial Code. All items of Collateral shall remain personal property and not become part of any real estate regardless of the manner of affixation. The security interest granted hereby shall be deemed to constitute a purchase money security interest in any and all Collateral (including, without limitation, all Goods, Inventory and Equipment) purchased by Customer either directly from McKesson (thereby securing payment of the purchase price) or from a third party using proceeds of loans or advances made by McKesson (thereby securing repayment of such loans or advances). Customer authorizes McKesson to send notices to any other persons claiming a security interest in any of the Collateral. **By its signature below, Customer acknowledges that McKesson Corporation shall file a UCC-1 financing statement with the applicable state agency in order to perfect the security interest granted hereby.**

**AUTHORIZED SIGNATURE**

Print Name

Title

Date

(By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)

**Guaranty:** The undersigned (individually or collectively, the "Guarantor") hereby jointly and severally guarantees to McKesson Corporation and its affiliates (collectively referred to as "McKesson") that Customer will fully and promptly perform and pay all its present and future obligations to McKesson, whether direct or indirect, joint or several, absolute or contingent, secured or unsecured, matured or unmatured, and whether originally contracted with McKesson or otherwise acquired by McKesson. This guaranty applies to all of Customer's obligations to McKesson, even if such obligations are invalid or unenforceable against Customer for any reason and even if any security for such obligations is insufficient, invalid, unenforceable or not perfected. This guaranty is an absolute and unconditional guaranty of payment. It is a continuing guaranty and covers any future extensions of credit by McKesson to Customer. This guaranty is a guaranty of payment when due and not merely of collectability after judgment or other action against Customer.

McKesson may at any time, without Guarantor's consent, without notice to Guarantor and without affecting or impairing Guarantor's obligations under this guaranty, do any of the following: (I) renew, modify (including any increase or decrease in the rate of interest), or extend any obligations of Customer, of co-guarantors (whether hereunder or under a separate agreement) or of any other party at any time directly or contingently liable for the payment of any of Customer's obligations; (II) enter into additional extensions of credit to Customer; (III) accept partial payments of Customer's obligations; (IV) settle, release (by operation of law or otherwise), compound, compromise, collect or liquidate any of Customer's obligations and the security therefore in any manner; (V) consent to the transfer of security; or (VI) bid and purchase at any sale of security. Guarantor agrees, without McKesson first having to proceed against Customer or any security held by McKesson, to pay on demand (I) all sums due and to become due to McKesson from Customer and (II) all losses, costs, attorney's fees or expenses which may be suffered by McKesson by reason of Customer's default on its obligations or Guarantor's default under this guaranty. Guarantor agrees to pay on demand any deficiency resulting from a sale of security held by McKesson even if the sale is made without notice to Guarantor. Guarantor's obligations under this guaranty are independent of and separate from the obligations of Customer. Upon the occurrence and during the continuance of any default by Customer, McKesson can sue any Guarantor separately from Customer, whether or not McKesson sues Customer in such lawsuit and whether or not McKesson sues Customer in a separate lawsuit. If McKesson elects to proceed with any course of action under this guaranty or against Customer, that election shall not preclude McKesson from taking any other course of action. This guaranty shall not be affected by any termination or change in the relationship between Guarantor and Customer. Guarantor assumes all responsibility for keeping informed of (I) Customer's financial condition and assets, (II) all other circumstances bearing upon the risk of nonpayment of Customer's obligations to McKesson and (III) the nature, scope and extent of the risks which Guarantor assumes and incurs under this guaranty. Guarantor agrees that McKesson shall have no duty to advise Guarantor of information known to McKesson regarding such circumstances or risks. Guarantor waives (I) notice of McKesson's acceptance of this guaranty, (II) presentment, demand, protest and notice of non-payment or protest as to any note or obligation signed, accepted, endorsed or assigned to McKesson by Customer, (III) any other demands and notices required by law and (IV) all set-offs and counterclaims.

Name (Guarantor 1): \_\_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Guarantor 1 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 digit SSN: \_\_\_\_\_  
(This section must be signed by an owner/principal)

Name (Guarantor 2): \_\_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Guarantor 2 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 digit SSN: \_\_\_\_\_  
(This section must be signed by an owner/principal)



## Price File and/or EDI Transmission Authorization

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### Covered Entity Authorization

\_\_\_\_\_("Covered Entity") \_\_\_\_\_("Recipient")  
Name of Facility Recipient of 340B Price Files (list all if there is more than one)

#### 340B ID of Covered Entity

Covered Entity hereby directs McKesson Corporation ("McKesson") to deliver the following pricing to Recipient: **(Check one or both)** ☒ Your 340B Pricing ☐ GPO Pricing ☐ WAC Account (If existing accounts please list below.)

**OR**

### Contract/Retail Pharmacy Authorization- Please see disclaimer information below marked by \*\*

\_\_\_\_\_("Contract Pharmacy") \_\_\_\_\_("Recipient")

Contract/Retail Pharmacy hereby directs McKesson Corporation ("McKesson") to deliver the following pricing to Recipient:  
**(Check only option box )** ☐ Your Retail Pharmacy Pricing

This authorization shall continue until Covered Entity and/or Contract/Retail Pharmacy is no longer a pharmaceutical distribution customer of McKesson or Covered Entity revokes this authorization in writing, whichever occurs first. Further, Covered Entity or Contract/Retail Pharmacy (as applicable) hereby agrees to defend, indemnify and hold harmless McKesson from any and all liability arising out of or due to McKesson's delivery of pricing information to Recipient as directed by this authorization.

If "340B Pricing" is selected, Recipient shall be provided the 340B Pricing for the limited purpose of permitting Recipient to provide certain 340B software services for the sole benefit of Covered Entity. Further, prior to McKesson's disclosure of 340B Pricing, Covered Entity shall have first obtained Recipient's written agreement to keep such 340B Pricing confidential. Covered Entity shall be and remain responsible for any breach by Recipient of such confidentiality obligation.

If "GPO Pricing" is selected, Covered Entity agrees to deliver to McKesson, prior to McKesson's disclosure of GPO Pricing to Recipient, written confirmation from Covered Entity's GPO(s) upon request based on the GPO agreement, that McKesson is authorized to release the GPO Pricing pursuant to this authorization.

\*\*Contract/Retail Pharmacy's can only authorize their price files to submitted to the "Recipient", McKesson cannot receive authorization from a Contract/Retail Pharmacy to release any other entities price files/information to "Recipient". Account information and EDI Transactions must be listed below, exact account number must be reflected or authorization will not be granted. Recipient will not use price files outside the scope of its 340B relationship with the 340B covered entity and further agrees not to disclose to any other 3<sup>rd</sup> party.

Please return this authorization directly to Recipient.

Duly executed on behalf of Covered Entity or Contract Pharmacy as of the date written below:

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Acct Name	Acct Number	PHS, GPO, WAC OR Contract/Retail Pharmacy Account number.	EDI Transactions Authorized

## McKesson 340B/PHS Invoice Type Selection Document

Invoice Information: There are multiple ways that you can receive your invoice: McKesson Connect, Fax or Email. McKesson Connect will be set up for **all 340B** accounts via the form submitted in step 1 of this document. If you also would like to receive your invoice via fax or email please provide this information in the Invoice Request Form attached.

Covered Entity Name: \_\_\_\_\_

In addition to the ability to download these invoices from McKesson Connect we also prefer to receive our invoices via:

- ☐ Fax  
☐ Email

Please fill out applicable information below based on your selection above.

- Existing 340B Accounts please list all information.
- New 340B Accounts that are being set up with this application please fill out only the Email Address or Fax number in one line. Once the accounts are set up McKesson will populate the rest and submit to our internal team to set up either the fax or the email option you have selected. Please only select and populate the fax or the email address.

Date	Account Number	Account Name	Email Address	Fax Number (10 digits)

\*\*\*\*This is for 340B/PHS accounts ONLY\*\*\*\*



## Office of Pharmacy Affairs 340B OPAIS

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CAH371330-00 MANGUM REGIONAL MEDICAL CENTER (Active)

[Print](#)

### Main Details

<b>Name</b>	MANGUM REGIONAL MEDICAL CENTER
<b>Subdivision Name</b>	
<b>Type</b>	Critical Access Hospital
<b>Rural</b>	Yes
<b>340B ID</b>	CAH371330-00
<b>Medicare Provider Number</b>	371330

### Additional Details

<b>Current Program Status</b>	Active
<b>Registration Date</b>	1/15/2020
<b>Participating Start Date</b>	4/1/2020
<b>Participating Approval Date</b>	3/3/2020
<b>Last Recertification Date</b>	9/9/2021

### Contacts

#### Authorizing Official

Mangum Regional Med. Ctr.  
Dale W. Clayton, Administrator  
(580) 782-3353

#### Primary Contact

Cohesive Healthcare Management & Consulting  
Chelsea Church, Clinical Pharmacist  
(405) 892-2298

### Addresses

#### Street Address

1 WICKERSHAM DRIVE  
MANGUM, OK 73554

#### Billing Address

Same as Street Address

[Comments](#) [Medicaid Billing](#) [Shipping Addresses](#) [Contract Pharmacies](#) [Parent/Child](#) [History](#)

PUCKETT DISCOUNT PHARMACY  
CAH371330-00 MANGUM REGIONAL MEDICAL CENTER

Print

**Entity Name** MANGUM REGIONAL MEDICAL CENTER  
**Subdivision Name**  
**Type** Critical Access Hospital  
**340B ID** CAH371330-00  
**Entity Address** 1 WICKERSHAM DRIVE  
MANGUM, OK 73554  
**Medicare Provider Number** 371330  
**Participating Start Date** 4/1/2020  
**Last Recertification Date** 9/9/2021

**Pharmacy Name** PUCKETT DISCOUNT PHARMACY  
**Pharmacy Address** 101 N. LOUIS TITTLE AVE  
P O BOX 148  
MANGUM, OK 73554-7355

**Pharmacy Comments**

**Approval Date** 1/10/2022  
**Contract Begin Date** 4/1/2022  
**Carve-in Effective Date**  
**Contract Comments**

**Covered Entity Signing Official** **Signed By Date** 1/10/2022  
Dale W. Clayton, Administrator  
(580) 782-3353

**Contract Pharmacy Representative**  
Puckett Discount Pharmacy  
Bradley P Banister, Pharmacist in Charge  
(580) 782-2131