

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** HIBCC HIN Contract

3. **Contract Parties:** Health Industry Business Communications Countil and MCHA/MRMC.

4. **Contract Type Services:** Health Industry Number Licensing Authority.

5. **Impacted Hospital Departments:** Pharmacy

6. **Contract Summary:** This number will allow PharmaForce, Pucketts and MRMC to participate more efficiently in the benefits of the 340B prescription discount program.

7. **Cost:** \$100 Initial Fee; \$50 Annual Renewal

8. **Prior Cost:** N/A

9. **Term:** Yearly

10. **Termination Clause:** N/A

11. **Other:**