

### **Hospital Vendor Contract Summary Sheet**

1.    ☒ Existing Vendor                      ☐ New Vendor
2.    **Name of Contract:**    HIBCC HIN Contract
3.    **Contract Parties:** Health Industry Business Communications Council 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:**