

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/MFC.
- 4.** **Contract Type Services:** Health Industry Number Licensing Authority.
- 5.** **Impacted Hospital Departments:** Pharmacy
- 6.** **Contract Summary:** This number will allow PharmaForce, Pucketts, MRMC and MFC 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:**