



## Contract Pharmacy Configuration Sign Off Form

<b>Entity Name:</b>	Mangum Regional Medical Center
<b>OPAID:</b>	CAH371330-00

Applicable Pharmacies					
Name	NPI	Claims Start Date (PharmaForce Contracted Fees begin accruing)	Dispensing Fees	Pharmacy Payment Option	Manufacturer Exclusions (Please see Tab 2 <b>Manufacturer Blocks</b> )
Mangum Drug Co, LLC	1992350524	9/1/2022	Third Party, Brand Only: \$15.00 + 25% of the Total Reimbursement; Cash, Brand Only: \$15.00	Pharmacy pays Entity	EXCLUDE BI, NOVO NORDISK, UCB, BMS, UNITED THERAPUETICS, ASTRA ZENECA

Configurations			
	Yes	No	N/A
Exclude C2	X		
Exclude C3		X	
Exclude C4		X	
Exclude C5		X	
Apply PharmaForce's orphan drug list? (if applicable)	X		
For Profit (winners only)	X		

Look Back Period	
Full Time	365
Part Time	365
Referral	365

Medicaid Carve out				
Carve-Out Medicaid				
BIN#	PCN	Group	Reason	Start Date
10579	OKA01		Medicaid	
610084	DRTXPROD	MEDICAID	Medicaid	
610084	DRTXPROD	CSHCN	Medicaid	
610084	DRTXPROD	KHC	Medicaid	
610084	DRTXPRODKH	MEDICAID	Medicaid	
610084	DRTXPRODKH	CSHCN	Medicaid	
610084	DRTXPRODKH	KHC	Medicaid	
610517			Medicaid	
17606	P027017606	ARMEDICAID	Medicaid	

\*\*\* As of this date, fees will be incurred as \$0.03 per claim received from pharmacy. If PharmaForce needs to request historical claims data, the switch provider will charge entity an additional fee which will be quoted to entity

- It is ultimately the covered entity's responsibility to ensure accuracy and 340B program compliance. Please carefully review the information listed. Please let PharmaForce know if there are changes we should make to your account.
- It is the covered entity's responsibility to advise PharmaForce if you desire changes to any part of your 340B program, including fees, filters, prescriber panels, patient data, and/or Medicaid carve-in or carve-out classifications.
- Entity agrees to pay contract PharmaForce fees as of claim start date."

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Signature

Date