Hospital Vendor Contract – Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. Name of Contract: PharmaForce Customer Payment Form
3. Contract Parties: PharmaForce + MCHA/MRMC
4. Contract Type Services: Discounted outpatient prescriptions
   a. Impacted hospital departments: Pharmacy
5. Contract Summary (description of services, purpose and justification --- describe each): Payment method. PharmaForce charges $2/claim or $500/month minimum.
6. Cost: ☒ $500 Min (Monthly) -and- ☐ _____ (Annually)
7. Prior Cost: ☐ NA (Monthly) -and- ☐ _____ (Annually)
8. Termination Clause: NA
   a. Term: NA Months / Years
9. Other: 340B prescription drug program/incentive revenue source