

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract: Amerisource Bergen**

3. **Contract Parties: Amerisource Bergen/MRMC**

4. **Contract Type Services: Pharmacy**

5. **Impacted Hospital Departments: Hospital**

6. **Contract Summary:** These forms makes us eligible to receive discounts through Amerisource Bergen by using our Group Purchasing Organization.

7. **Cost: \$0**

8. **Prior Cost: 0**

9. **Term:**

10. **Termination Clause: None**