

Hospital Vendor Contract Summary Sheet

1. ☒ Existing Vendor ☐ New Vendor
2. **Name of Contract:** Amendment Letter for 340B Pharmacy Service Agreement.
3. **Contract Parties:** Cardinal Health, Premier Healthcare Alliance, and Mangum Regional Medical Center
4. **Contract Type Services:** 340B pharmacy services
 - a. **Impacted Hospital Departments:** Pharmacy
5. **Contract Summary:** Amendment allows contracted pharmacy, Granite Drug Co., to be a Participating Member Facilities under the Participating Member Letter of Participation Agreement dated January 1, 2016. This will allow the Hospital to purchase products from Cardinal and have it shipped to Granite Drug Co. to manage and dispense pursuant to the 340B program.
6. **Cost:** \$0.00
7. **Prior Cost:** \$0.00
8. **Term:** Follows same terms and conditions as original agreement with vendor.
 - a. **Termination Clause:** Follows same terms and conditions as original agreement with vendor.
9. **Other:** none



Cardinal Health
Pharmaceutical Distribution
7000 Cardinal Place
Dublin, Ohio 43017

cardinalhealth.com

June 16, 2023

Premier Healthcare Alliance, L.P.

,

Re: Addition of New Facility Location to Participating Member Letter of Participation

Dear Premier Healthcare Alliance, L.P.:

As you know, Premier Healthcare Alliance, L.P. and Cardinal Health 110, LLC and Cardinal Health 112, LLC (collectively, “**Cardinal Health**”) are parties to that certain Participating Member Letter of Participation that was effective as of January 1, 2016 (the “**Agreement**”).

I am writing on behalf of Cardinal Health to memorialize our recent communications regarding the addition of Participating Member facility location(s) to the Agreement. Specifically, upon full execution of this letter agreement, the parties hereby acknowledge and agree that the facility(ies) listed below shall each be deemed to be a Participating Member facility(ies) under the Agreement and that the Participating Member facility(ies) shall begin purchasing their Primary Requirements of Rx Products (as such terms are defined in the Agreement) from Cardinal Health in accordance with the terms and conditions of the Agreement.

Customer represents that (i) it has the authority to contractually bind the below Facilities to the terms and conditions of the Agreement, and (ii) except with respect to any 340B contract pharmacy, none of the below Facilities are subject to another prime vendor agreement with Cardinal Health for the purchase of Rx Products as of the date of this letter. Cardinal Health may remove the applicable Facility upon written notice to Customer in the event any of the foregoing representations is not true.

Bill to Address, City, State, ZIP Code	Ship to Facility Address, City, State, ZIP Code	HRSA ID	Number of Scheduled Deliveries per Week (1 or 5)*
MANGUM REGIONAL MEDICAL CENTER 1 WICKERSHAM DRIVE MANGUM, OK 73554	GRANITE DRUG CO 316 NORTH MAIN STREET PO BOX 158 GRANITE, OK 73547	CAH371330-00	5

If any Facility listed above has average monthly net purchases of Rx Products from Cardinal Health of less than \$50,000 during a given calendar quarter, then Cardinal Health reserves the right to adjust the delivery schedule for such Facility upon written notice to Customer.

Please indicate Premier Healthcare Alliance, L.P.’s agreement with the terms and conditions stated in this letter agreement by signing below.

Sincerely,
CARDINAL HEALTH 110, LLC
CARDINAL HEALTH 112, LLC

[Signature Page Follows]

Agreed to, confirmed and accepted by:

PREMIER HEALTHCARE ALLIANCE, L.P.

CARDINAL HEALTH 110, LLC
CARDINAL HEALTH 112, LLC

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Cardinal Health

340B Invoices Delivery

Please complete and return this form if you would like to enroll in receiving invoices via email, fax or EDI.

Invoices will be sent to the covered entity as they own the pricing and are the responsible party for payment. In 340B contract pharmacy bill-to/ship-to account pairings, the hard copy invoice that is sent in the tote to the pharmacy is masked from pricing and essentially used as a packing slip. The statement is sent to the covered entity and shows the amount due for payment to Cardinal Health. If the covered entity requires an invoice for payment (including the pricing), Cardinal Health can send those via email, fax or EDI by completing this form.

Covered entity account name: _____

Covered entity account address: _____

Which method do you prefer to receive your invoices to process for payment?

☐ Email (up to four email addresses): _____

-or-

☐ Fax: _____

If you also require EDI 810s to process for payment, please notate here:

☐ EDI 810

Questions may be directed to your Cardinal Health Sales Representative

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I am *Essential to care™*