



NATIONAL PHYSICIAN CARE, INC. • SANOFI PASTEUR VACCINES
CONTRACT DESIGNATION FORM • JULY 1, 2016 - JUNE 30, 2018

PLEASE COMPLETE AND FAX THE SIGNED FORM TO: (888) 363-0722

For: Sanofi Pasteur Vaccines
RE: National Physician Care (NPC) Contract Designation Form; Buying Group 349008, Contract #362440-427075

AVAILABLE ONLY TO CURRENT NATIONAL PHYSICIAN CARE, INC. MEMBERS

Please be advised that our Medical Practice (Practice) named below chooses to use Sanofi Pasteur vaccines covered under the National Physician Care (NPC) agreement referenced above. As a current NPC member, our PRACTICE is eligible for NPC's contract pricing and other services and benefits contained in the NPC-Sanofi Pasteur contract. Please ensure that all purchases made through the NPC agreement are properly credited and reported to NPC. All benefits previously available to the PRACTICE (such as Sanofi Pasteur VIP program, IPAC, BOA, etc.) will be discontinued and that all future purchases from this date forward will be under the NPC contract. I understand that administrative processing time may be as long as 30 days and that NPC prices will not be available to my practice during this period.

The Practice acknowledges that the discount on Sanofi Pasteur vaccines is based on both total pediatric vaccine purchases and on the ratio of specific vaccine purchases, one to the other. Our pediatric vaccines of choice are: (polio vaccine) Ipol, (DtaP) Daptacel and Tripedia, and (HIB) TriHIBit and ActHIB. The PRACTICE accepts all terms contained in the NPC-Sanofi Pasteur agreement.

The Practice further acknowledges our intent to use the Sanofi Pasteur pediatric vaccines listed above as our primary source as defined as using a minimum of 90% of our total DtaP and polio vaccines as Ipol, Daptacel and as using a minimum of 25% of our total HIB as TriHIBit and/or ActHIB. The Practice also acknowledges the intent to purchase Tdap (ADACEL) and meningococcal vaccine (Menactra) at a minimum of 90% and 80% respectively of the previous 12 months sales volume.

The Practice understands and accepts that NPC may disqualify our Practice from receiving discounts under this agreement if the above minimums are not achieved. In such case, the practice may purchase any and all Sanofi Pasteur vaccines generally available but would not qualify for NPC discounts.

WE ARE A CURRENT NPC/Sanofi Pasteur CONTRACT PARTICIPANT

WE ARE A NEW NPC/Sanofi Pasteur CONTRACT PARTICIPANT.
(You must include or have on file a current, signed NPC Membership Agreement)

PRACTICE NAME: _____

Sanofi Pasteur Account Number: _____
(Please complete one form for each shipping address.)

DEA/HIN #: _____ (This is your NPC Account number)

Managing Physician: _____ EMAIL _____
(VERY IMPORTANT)

Office Manager: _____ EMAIL _____

Ship To Address: _____ Bill To Address: (If Different than Ship To)

phone: _____ fax: _____ other: _____

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