



To join MPPG please complete this Participation Agreement and e-mail to **info@mppg.net** or fax to **818-332-7058**
To join online visit www.mppg.net and click **“Join Now”**.

Practice Name: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Specialty: _____
Doctors: _____
Tax Id Number: _____
DEA Number: _____
HIN Number: _____
Business Contact: _____

Add additional locations on the next page

Accounts to be linked to MPPG contracts

Vaccine Savings

- | | | |
|---|---|---|
| <input type="checkbox"/> SANOFI Pasteur Acct# _____ | <input type="checkbox"/> Sanofi Flu Acct# _____ | <input type="checkbox"/> VaxServe Acct# _____ |
| <input type="checkbox"/> MERCK Vaccines Acct# _____ | <input type="checkbox"/> SEQIRUS Acct# _____ | <input type="checkbox"/> AstraZeneca/FLUMIST |
| <input type="checkbox"/> MERCK/SANOFI Pasteur (MSP) Vaxelis | <input type="checkbox"/> PFIZER Vaccines Acct# _____ | <input type="checkbox"/> Novavax |
| <input type="checkbox"/> MODERNA Acct# _____ | <input type="checkbox"/> DYNAVAX (Heplisav b Vaccine) | |

Supplies Etc

- | | | |
|---|---|---|
| <input type="checkbox"/> McKesson Acct# _____ | <input type="checkbox"/> Henry Schein Acct# _____ | <input type="checkbox"/> IFI (PPE/Industrial Supplies) |
| <input type="checkbox"/> EVOLV (Credit card Processing) | <input type="checkbox"/> US Pay (Credit Card Processing) | <input type="checkbox"/> Merchant Cost Consulting (Fee Finders) |
| <input type="checkbox"/> Cooperative of American Physicians (CA only) | <input type="checkbox"/> NFP Healthcare Industry Insurance Services | <input type="checkbox"/> Farmers Insurance |
| <input type="checkbox"/> NIOX (FeNo Asthma Testing) | <input type="checkbox"/> Hollister-Stier Laboratories | <input type="checkbox"/> Primex Labs |
| <input type="checkbox"/> Med Waste Systems (Medical Waste CA only) | <input type="checkbox"/> MedPro (Medical Waste) | <input type="checkbox"/> TAB/Document Imaging Technologies |
| <input type="checkbox"/> Staples Advantage | <input type="checkbox"/> AT&T Cellular | <input type="checkbox"/> Jackson & Coker (Physicians Recruitment) |
| | <input type="checkbox"/> Vitalograph | |

Practice Optimization

- | | | |
|--|--|---|
| <input type="checkbox"/> Insuperity (HR & Benefits) | <input type="checkbox"/> Solution Reach (Patient Retention/Comm) | <input type="checkbox"/> Clarus (Call Management Solutions) |
| <input type="checkbox"/> NexHealth (Patient Management Platform) | <input type="checkbox"/> Max Your Media (Digital Marketing) | <input type="checkbox"/> Medicus Results (Practice Management, Billing) |
| <input type="checkbox"/> J. Galt Company (Practice Financing) | <input type="checkbox"/> Etactics (Clearinghouse) | |

Revenue Production

- | | | |
|---|---|--|
| <input type="checkbox"/> Transworld Systems Inc (Collections) | <input type="checkbox"/> Go Check Kids (Ocular Photo Screening) | <input type="checkbox"/> Class Action Capital |
| <input type="checkbox"/> Proficient Rx (in-Office Dispensing) | <input type="checkbox"/> Lab IQ | <input type="checkbox"/> Physician Hearing Network |

MPPG:

By: _____
Name: _____
Title: _____
Date: _____

PRACTICE REPRESENTATIVE:

By: _____
Name: _____
Title: _____
Date: _____

MPPG-PA 8.23



**Additional locations:**

Practice Name: _____
Street Address: _____
City/State/Zip: _____
Location specific DEA# _____
Location specific HIN# _____
Email Address: _____

Vaccine account numbers for each location if applicable

☐ Please link my **SANOFI** account# _____
☐ Please link my **MERCK** account# _____
☐ Please link my **PFIZER** account# _____
☐ Moderna Acct# _____
☐ Seqirus Acct# _____

Information required for each physician interested in the CAP discount:

Full Physician Name: _____
Specialty _____
License # _____
NPI # _____
Preferred Email Address: _____

Full Physician Name: _____
Specialty _____
License # _____
NPI # _____
Preferred Email Address: _____

Simply attach a separate sheet for any additional locations or physicians

MPPG MEMBER AGREEMENT

- WHAT MPPG DOES:** MPPG enters into agreements with vendors to provide discounted products and services to medical practices. Vendors offer these discounts because they anticipate brand loyalty and a higher volume of sales. By signing this Agreement, you become a member of MPPG and authorize it to negotiate discounted prices on your behalf.
- HOW IT WORKS:** Members purchase products & services directly from vendors subject to terms and conditions offered by vendors. While MPPG negotiates favorable pricing, it is not responsible for the vendor's or member's obligations under these separate transactions.
- MEMBER AGREEMENTS:** Member agrees to use the products and services purchased for its own use and not resell them. Member will permit its wholesalers and distributors to report purchasing data to vendors, and will permit vendors reasonable access to provide information or service materials. Member shall keep the terms of this Agreement and any pricing received confidential. Member authorizes MPPG to complete, sign, and submit on behalf of the Member any enrollment and similar agreements required by the Member's selected vendors to permit its participation in the vendors' programs.
- VACCINES:** Member agrees to use the full portfolio of vaccine-related pharmaceutical products covered under the MPPG contracts in the volume and ratios contemplated by the recommended immunization schedules. All vaccine-purchasing contracts previously entered into will be discontinued by member.
- FEES:** Member pays no fee to MPPG. MPPG is compensated for its services by vendors based on vendor sales. With respect to purchases governed by 42 U.S.C. 1320a-7(b) and 42 C.F.R. § 1001.9520), such compensation will not exceed 4.5%, and the amount of such compensation with respect to purchases made by Member will be reported to Member annually.
- COMPLIANCE:** Member shall comply with applicable laws and regulations, including 42 U.S.C. § 1320a-7(b)(3)(A) and the discount "safe harbor" regulation set forth at 42 C.F.R § 1001.952(h). Any discounts provided, including any portion of administration fees that are passed through to Member, are considered a discount off the purchase price that needs to be reported and/or reflected in Member's records of its acquisition costs to the extent required by applicable federal or state law.
- MISCELLANEOUS:** Either party may terminate this Agreement at any time and without obligation, by written notice to the other party. This Agreement shall be governed by the laws of the State of California

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