

THE NATION'S LEADING VACCINE RESOURCE FOR PHYSICIANS AND HOSPITALS

Atlantic Health Partners is pleased to present Methodist Physicians Alliance members our comprehensive vaccine program. The Atlantic program provides physician practices with the tools to better manage vaccine expenses, and there is no cost to join. Atlantic works with Sanofi Pasteur and Merck to provide your practice more favorable pricing, payment, and purchasing terms for a wide scope of pediatric, adolescent, adult, flu and travel vaccines purchased directly from these manufacturers.

Benefits of the Atlantic Program include:

- Most favorable vaccine pricing
- Advantageous purchasing and payment terms for your on-line or phone orders placed directly with Sanofi Pasteur and Merck
- Reimbursement support and advocacy
- Medical supply discounts

Atlantic members also receive additional discounts with Sanofi Pasteur's VaxMax program and from periodic promotions offered by the manufacturers.

Start Saving with Atlantic Health Partners:

- Step 1: Fax the completed Affiliation Agreement and Practice Information Form to **860-606-9970**. The only participation requirement is that practices agree to use Sanofi Pasteur and Merck vaccines.
- Step 2: You will receive a fax from us with your executed contract and confirmation of the effective dates that you are linked to our contracted pricing with Sanofi Pasteur and Merck. (This typically takes 1-3 days from receipt of your forms.)
- Step 3: Your vaccine orders are then placed directly with Sanofi Pasteur and Merck; the manufacturers will ship you the orders and invoice your practice under the Atlantic terms.

Call us if you have any questions about enrollment or do not have a Sanofi Pasteur or Merck account.

Member Support:

Atlantic has a dedicated staff that along with our medical director is readily available to support your practice with our administrative, financial, and clinical vaccine expertise.

**For more information about the
Atlantic Health Partners Vaccine Purchasing Program
ph: 800-741-2044 or email: info@atlantichealthpartners.com**

THE VACCINE PROGRAM MOST WIDELY ENDORSED BY PHYSICIAN ORGANIZATIONS

Atlantic Health Partners Affiliation Agreement

This Affiliation Agreement (Agreement) is entered into by and between Atlantic Health Partners, LLC (Atlantic) and _____ (Practice). The Practice, a member of Methodist Physician Alliance, wishes to affiliate with Atlantic and have the opportunity to participate in Atlantic's Vaccine Purchasing Program (Program), which offers discounts on vaccines through agreements with contracted manufacturers.

The parties hereby agree as follows:

1. Term. This Agreement shall be effective upon execution by the Practice and Atlantic Health Partners and shall continue in force unless terminated pursuant to Section 5.
2. Scope of Services. The Practice shall be responsible for placing all orders and arranging all deliveries through the contracted manufacturers directly. Under no circumstances will Atlantic be considered a purchaser or seller of vaccines under this Agreement. Atlantic will notify Practice of any pricing changes.
3. Compliance Requirements. The Practice acknowledges that its affiliation with Atlantic will require, with the exception of Prevnar, exclusive use of Sanofi Pasteur and Merck vaccines in the following categories (VFC is specifically excluded): DTAP, HIB, POLIO, TDAP, MENINGOCOCCAL, MMR, VARICELLA, HEPATITIS A and B, HPV, and ROTAVIRUS. Other than due to a shortage, if this requirement is not met, Atlantic may remove the Practice from this Program (per the terms of Section 5) so it would no longer qualify for such discounts.
4. Eligibility. The Practice acknowledges that its affiliation with Atlantic shall not be effective until it has been approved by the respective manufacturers. Atlantic will provide official notification to the Practice when this approval has been received from each manufacturer and the Practice may begin receiving discounts from the respective manufacturers under this Agreement.
5. Termination. The Agreement may be terminated by Practice at any time with written notice provided to Atlantic, by mutual consent of both parties, or by Atlantic if Compliance Requirements are not maintained. In the case of the latter, Atlantic will provide Practice thirty days notice to cure such breach prior to termination. Atlantic can immediately terminate Practice if it expresses no interest in curing such breach. This Agreement may also be terminated if there is legislation or regulations promulgated that materially and adversely affect the ability of Atlantic to perform its obligations.
6. Confidentiality. Atlantic and the Practice shall keep the terms, prices, and conditions of this Agreement confidential. Practice acknowledges that Atlantic receives sales data and administrative payments from the manufacturers.
7. Indemnification. The Practice shall indemnify Atlantic for any claims relating to the Practice's failure to meet the Compliance requirements.

The parties hereby agree to have caused this Agreement to be executed:

Practice: _____

Atlantic Health Partners, LLC

PRINT NAME: _____

PRINT NAME _____

SIGNATURE: _____

SIGNATURE _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

**Atlantic Health Partners
Application - Practice Information Form**

Practice Name _____
Address _____

Phone _____
Fax _____
Contact Person _____
Email Address _____
Sanofi Account # _____
Merck Account # _____

List All Physicians:

	<u>Specialty</u>			<u>DEA #</u>	
	Ped	FP	IM	OB	(only one DEA required)
_____	—	—	—	—	_____
_____	—	—	—	—	
_____	—	—	—	—	
_____	—	—	—	—	
_____	—	—	—	—	
_____	—	—	—	—	
_____	—	—	—	—	
_____	—	—	—	—	

Please list additional offices with their account numbers below if applicable:

Please fax this form along with the Agreement to Atlantic at 860-606-9970

Atlantic Health Partners
Sanofi Pasteur Confidential Price List

August 2009

Product	Package	NDC	CPT	Catalogue Price	ATLANTIC Contract Price	On-line Order and Prompt Pay Discount*	Federal Excise Tax	Net Price	Net Price per Dose
DTAP (Daptacel)	10 x 1 Dose	286-10	90700	\$207.80	\$146.74	(\$4.37)	\$22.50	\$164.87	\$16.49
DTAP (Tripedial)	10 x 1 Dose	298-10	90700	\$201.02	\$146.74	(\$4.37)	\$22.50	\$164.87	\$16.49
HIB (ActHIB)	5 x 1 Dose	545-05	90648	\$110.42	\$75.09	(\$2.24)	\$3.75	\$76.60	\$15.32
Polio (IPOL)	10 Dose	860-10	90713	\$231.48	\$168.98	(\$5.04)	\$7.50	\$171.44	\$17.14
Polio (IPOL)	10 x 1 Dose Syringes	860-55	90713	\$268.70	\$196.15	(\$5.85)	\$7.50	\$197.80	\$19.78
Pentacel (DTAP/IPOL/HIB)	5 x 1 Dose Vials	510-05	90698	\$345.80	\$252.43	(\$7.52)	\$18.75	\$263.66	\$52.73
Menactra	5 x 1 Dose Vials	589-05	90734	\$488.87	\$469.32	(\$13.99)	\$3.75	\$459.08	\$91.82
TDAP - Adacel	10 x 1 Dose	400-10	90715	\$351.75	\$309.54	(\$9.22)	\$22.50	\$322.82	\$32.28
TDAP - Adacel	5 x 1 Dose Syringes	400-15	90715	\$175.88	\$154.77	(\$4.61)	\$11.25	\$161.41	\$32.28
TD - Decavac	10 x 1 Dose Syringes	291-10	90714	\$179.93	\$179.93	(\$5.36)	\$15.00	\$189.57	\$18.96
TD - Decavac	10 x 1 Vials	291-83	90714	\$179.93	\$179.93	(\$5.36)	\$15.00	\$189.57	\$18.96
DT Ped	10 x 1 Dose	278-10	90702	\$275.62	\$275.62	(\$8.21)	\$15.00	\$282.41	\$28.24
HIB-DTAP (TriHIBit)	5 x 1 Dose	597-05	90721	\$209.40	\$142.39	(\$4.24)	\$22.50	\$160.65	\$32.13
Tubersol	10 Test	752-21	86580	\$29.50	\$26.85	(\$0.80)	\$0.00	\$26.05	\$2.60
Tubersol	50 Test	752-22	86580	\$107.35	\$97.69	(\$2.91)	\$0.00	\$94.78	\$1.90
Menomune	1 Dose	489-01	90733	\$99.68	\$99.68	(\$2.97)	\$0.75	\$97.46	\$97.46
Tetanus Tox. Ads.	10 Dose	820-10	90703	\$210.32	\$210.32	(\$6.27)	\$7.50	\$211.55	\$21.16
Typhoid	1 Dose	790-51	90691	\$46.92	\$46.92	(\$1.40)	\$0.00	\$45.52	\$45.52
Typhoid	20 Dose	790-20	90691	\$844.56	\$844.56	(\$25.17)	\$0.00	\$819.39	\$40.97
Japanese Enc.	3 x 1 Dose	680-30	90735	\$288.90	\$288.90	(\$8.61)	\$0.00	\$280.29	\$93.43
Yellow Fever	5 x 1 Dose	915-01	90717	\$371.79	\$371.79	(\$11.08)	\$0.00	\$360.71	\$72.14
Yellow Fever	5 Dose	915-05	90717	\$297.43	\$297.43	(\$8.86)	\$0.00	\$288.57	\$57.71
Rabies (Globulin)	2 mL Vial	190-20	90376	\$299.00	\$299.00	(\$8.91)	\$0.00	\$290.09	\$145.04
Rabies (Globulin)	10 mL Vial	190-10	90376	\$1,495.00	\$1,495.00	(\$44.55)	\$0.00	\$1,450.45	\$145.04
Rabies (Imovax)	1mL Vial	250-51	90675	\$195.00	\$177.12	(\$5.28)	\$0.00	\$171.84	\$171.84
BCG Live (TheraCys)	1 Dose	880-01	90586	\$157.80	\$108.95	(\$3.25)	\$0.00	\$105.70	\$105.70

* You receive a 1% on-line order discount on VaccineShopper.com and VaxServe.com and a 2% prompt pay discount for payments made within 90 days of delivery.

There is a \$25 delivery charge from Sanofi for orders less than \$600

VaxMax - This Sanofi program provides Atlantic members with additional discounts for pediatric and adolescent vaccines based on the number of vaccines ordered - additional information is available on Sanofi's web site: www.vaccineshoppe.com

Atlantic Health Partners
Merck Confidential Price List

Note - Merck vaccines need to be ordered directly from Merck to receive these prices

August 2009

Product	Package	NDC	CPT	Catalogue Price	ATLANTIC Contract Price	2% Prompt Pay Discount*	Federal Excise Tax	Net Price	Net Price per Dose
MMR II	10 x 1 Dose	4681-00	90707	\$460.64	\$446.82	(\$8.94)	\$22.50	\$460.38	\$46.04
Varivax	10 x 1 Dose	4827-00	90716	\$798.31	\$774.36	(\$15.49)	\$7.50	\$766.37	\$76.64
Varivax	1 Dose	4826-00	90716	\$83.77	\$81.26	(\$1.63)	\$0.75	\$80.38	\$80.38
ProQuad**	10 x 1 Dose	4999-00	90710	\$1,258.95	\$1,221.18	(\$24.42)	\$30.00	\$1,226.76	\$122.68
HepB - Recombivax (Ped)	10 x 1 Dose	4981-00	90744	\$224.54	\$89.50	(\$1.79)	\$7.50	\$95.21	\$9.52
HepA - Vaqta (Ped)	10 x 1 Dose	4831-41	90633	\$296.19	\$210.00	(\$4.20)	\$7.50	\$213.30	\$21.33
Comvax**	10 x 1 Dose	4898-00	90748	\$420.57	\$270.00	(\$5.40)	\$15.00	\$279.60	\$27.96
HIB - PedvaxHIB**	10 x 1 Dose	4897-00	90647	\$220.19	\$150.00	(\$3.00)	\$7.50	\$154.50	\$15.45
RotaTeq	10 x 1 Tubes	4047-41	90680	\$688.36	\$647.06	(\$12.94)	\$7.50	\$641.62	\$64.16
Gardasil	10 x 1 Dose	4045-41	90649	\$1,295.22	\$1,269.31	(\$25.39)	\$7.50	\$1,251.42	\$125.14
Gardasil	1 Dose	4045-00	90649	\$129.79	\$127.20	(\$2.54)	\$0.75	\$125.41	\$125.41
Gardasil	6 x 1 Syringes	4109-09	90649	\$786.25	\$770.52	(\$15.41)	\$4.50	\$759.61	\$126.60
HepB - Recombivax (Adult)**	10 x 1 Dose	4995-41	90746	\$583.43	\$404.30	(\$8.09)	\$7.50	\$403.71	\$40.37
HepB - Recombivax (Adult)**	1 Dose	4995-00	90746	\$58.95	\$40.43	(\$0.81)	\$0.75	\$40.37	\$40.37
HepB - Recombivax (Adult)**	6 x 1 Syringes	4094-06	90746	\$362.82	\$251.70	(\$5.03)	\$4.50	\$251.17	\$41.86
HepB - Recombivax (Adult)**	1 Syringe	4094-31	90746	\$60.47	\$41.95	(\$0.84)	\$0.75	\$41.86	\$41.86
HepA - Vaqta (Adult)**	10 x 1 Dose	4841-41	90632	\$592.38	\$420.00	(\$8.40)	\$7.50	\$419.10	\$41.91
HepA - Vaqta (Adult)**	1 Dose	4841-00	90632	\$62.76	\$42.00	(\$0.84)	\$0.75	\$41.91	\$41.91
HepA - Vaqta (Adult)**	6 x 1 Syringes	4096-06	90632	\$385.68	\$261.12	(\$5.22)	\$4.50	\$260.40	\$43.40
HepA - Vaqta (Adult)**	1 Syringe	4096-31	90632	\$64.28	\$43.52	(\$0.87)	\$0.75	\$43.40	\$43.40
Pneumovax	10 x 1 Dose	4943-00	90732	\$370.27	\$362.86	(\$7.26)	\$0.00	\$355.60	\$35.56
Pneumovax	5 Dose Vial	4739-00	90732	\$164.94	\$161.64	(\$3.23)	\$0.00	\$158.41	\$31.68
ZostaVax	10 x 1 Dose	4963-41	90736	\$1,539.30	\$1,508.51	(\$30.17)	\$0.00	\$1,478.34	\$147.83
ZostaVax	1 Dose	4963-00	90736	\$161.50	\$158.27	(\$3.17)	\$0.00	\$155.10	\$155.10

* The 2% prompt pay discount applies to payments made within 90 days of purchase. There is a \$20 delivery charge from Merck for orders less than \$600.

** These products are currently not available.