

IPS New Member Enrollment Form

To Enroll: Complete and submit this Enrollment Form along with any attachments requested by faxing to Lynne Sherman at: 1-(404) 953-6013. You may also scan and e-mail the completed form to: info@ipsgpo.com. You will receive a confirmation once enrollment with IPS is established.

Questions? Please contact Lynne Sherman via email or directly @ 877-910-3616.

Contact Information

Practice Name			
Contact Name			
Contact Title			
Main Telephone		Fax	
Direct Line		E-Mail	

Main Office Ship To Address

Street			Suite#	
City		State	Zip	

Additional Ship To Address *(if applicable)*

Street			Suite#	
City		State	Zip	

Billing Address *(if different from main office address)*

Street			Suite#	
City		State	Zip	

Please provide your vaccine account numbers for

Sanofi	
Merck	
Pfizer	

Please list all Physicians and Mid-Levels

First Name	MI	Last Name

Use additional sheet of paper or back of form to list more physician and mid-level names if needed.

Attachments Required

- **Please attach** one copy of the primary or senior physician's current State License AND
- **Please attach** one copy of the primary or senior physician's current DEA License
(Please write the State and DEA numbers on the copies if they are illegible)

Please Select Your Primary Specialty

- Pediatrics
 Family Practice
 Internal Medicine
 OB
 Other

Other

Questions

In order to ensure that the IPS Vaccine Program will suit the needs of your practice, please take a moment to answer the following questions. The information gathered will be reviewed by the Vaccine Program Director to determine compliance with program requirements.

Please circle or input the appropriate answer:

Q1 Is your practice currently affiliated with another vaccine purchasing program? **Yes / No**

- a. If your answer is no, please proceed to the next question.
- b. If yes, please name the program:

Q2 Do you have multiple locations linked under the same account number? **Yes / No**

- a. If yes, please list account numbers:

Q3 Please indicate total number of physicians in practice

Q4 Please indicate total number of mid-levels in practice

Please indicate when you plan to place your next order (if applicable) with:

Sanofi		Merck		Pfizer	
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AGREEMENT

THIS AGREEMENT is between the Medical Practice named herein and Integrated Physician Solutions Group Purchasing Organization (“IPS GPO”). The Medical Practice and IPS agree to enter into an agreement in which IPS will act as a group-purchasing agent so that the Medical Practice will gain access to nationally contracted IPS pricing. IPS will help Members retain eligibility for pricing under this agreement based upon a 90% market share with Sanofi Pasteur’s IPOL, Hib, and DTaP (Daptacel) or Tdap (Adacel), and Meningococcal vaccine (Menactra) and a 90% market share with Merck’s Hep A (Vaqta), Merck’s Hep B (Recombivax), Merck’s Rotavirus (Rotateq), and Merck’s HPV (Gardasil). IPS Group Purchasing Organization may receive an administrative fee ranging from 0%-5% from the participating manufacturers as payment for administering and managing the organization and ensuring organizational compliance.

Members in good standing with manufacturers are eligible to receive payment terms of net 90 days and a 2% prompt pay discount. Members agree to keep all IPS pricing and contract information confidential except as may be required by any governmental programs, including but not limited to, Medicare and Medicaid. Returns are the responsibility of the Member. This Agreement may be canceled through written notice, with or without cause, by either party with 30days written notice.

I understand and agree that any and all vaccines purchased through IPS GPO are for my practice’s “own use” and that I will not engage in re-sale of any vaccine to any other entity or individual.

I understand and agree that any dispute that may occur between the vaccine manufacturer or other supplier/vendor and the practice including billing, payments, return of product or efficacy of product will be resolved solely between the vaccine manufacturer/ supplier/vendor and the member.

I agree to voluntarily participate in the IPS GPO and am authorized to contract for the Medical Practice named herein and its affiliated physicians listed. I understand that as a new member, my first vaccine order could take up to 1 week for IPS pricing to be effective with Sanofi Pasteur, and up to 3 weeks for IPS pricing to be effective with Merck. IPS contract pricing for Pfizer’s Trumenba will be effective January 1, 2019.

Signature		Name	
Title		Date	