



CCPAPP-Premier Discounts Participation Form

**This form MUST Accompany the CCPAPP-Premier Provider Select:MD Application in order for your practice to participate in the Premier-McKesson contract and/or other discount programs offered by Premier
Please Fax Both Documents to CCPAPP at 888.276.2344**

If your practice submitted the CCPAPP-Premier ProviderSelect:MD application to CCPAPP prior to **August 1, 2012** in order to participate in the McKesson agreement, you do not need to complete this form, nor do you need to re-submit the CCPAPP-Premier ProviderSelect:MD application. Your practice should have received an entity code within 2 weeks of submitting your CCPAPP-Premier ProviderSelect:MD application to CCPAPP. If not, please call Katrina Ilagan at **312.227.7442** to verify your participation in the Premier program.

Once you have received your practice’s Premier-issued entity code, please refer to the instructions provided by CCPAPP on how to sign up for each respective savings program.

Please Read Both Options Below Carefully and Completely Before Choosing One Option:

My practice would like to participate in the McKesson agreement through Premier and would also like the option to participate in other Premier discounts communicated by CCPAPP.

My practice does **NOT** wish to participate in the McKesson agreement through Premier at this time. My practice would, however, like the option to participate in other Premier discounts communicated by CCPAPP (**Please do not check off any of the McKesson options on page 1 of the application for “Program Participation.” You must, however, complete all other parts of the application and sign page 2 of the agreement in order for Premier to process your application and issue your practice an entity code**). I understand that if my practice would like to participate in the Premier-McKesson contract in the future, I must complete a new CCPAPP Premier Discount Participation Form, checking off the above option. My practice may also be asked to complete a new CCPAPP-Premier ProviderSelect:MD application electing the McKesson option(s) in the “Program Participation” box on page 1 of the application.

Please Complete the Information Below on Behalf of Your Entire Practice:

Practice Name (must be listed identically to how your practice is listed on page 1 of the *ProviderSelect:MD application*)

First Name, Last Name, Title of Authorized Signer (Please print)

Authorizing Signature

Date

**This form, along with the CCPAPP-Premier ProviderSelect:MD application must be returned directly to CCPAPP.
Please fax to: 888.276.2344**