



# 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 Priya Stemler at **312.227.7437** 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**