

Exhibit K: PARTICIPATING MEMBER ENROLLMENT FORMS

SELLER: Sprint Solutions, Inc.
CONTRACT NUMBER: PP-IT-145
SPRINT CONTRACT NUMBER: BSG1410-0824R5
PRODUCT CATEGORY: Cellular Voice and Data Services

This Exhibit K includes the following:

Attachment K-1: Participating Member Enrollment Form
Attachment K-2: Participating Member Enrollment Form - for Medical Management or Holding Company – only

**ATTACHMENT K-1
PARTICIPATING MEMBER ENROLLMENT FORM**

SELLER: Sprint Solutions, Inc.
CONTRACT NUMBER: PP-IT-145
SPRINT CONTRACT NUMBER: BSG1410-0824R5
PRODUCT CATEGORY: Cellular Voice and Data Services

This Participating Member Enrollment Form ("Enrollment Form") is entered into between Sprint Solutions, Inc. ("Sprint") and _____ ("**Customer**") as a Participating Member under the Group Purchasing Agreement between Premier Healthcare Alliance, L.P., f/k/a Premier Purchasing Partners, L.P., Contract Number PP-IT-145/Sprint Contract Number BSG1410-0824R5 (the "Group Purchasing Agreement"), as amended.

Sprint and Customer agree as follows:

1. Relationship of Parties. By signing this Enrollment Form, Customer represents that it is a Participating Member as defined in the Group Purchasing Agreement.

The meaning of "**Customer**" and "**Participating Member**" are interchangeable in the Agreement when Participating Member is purchasing or using Products or Services from Sprint, except where the express intent of the provision is to apply solely to Premier (including but not limited to, Administrative Fees, Marketing Requirements etc.)

2. Terms and Conditions. By signing this Enrollment Form, Customer agrees to be bound by the terms and conditions set forth in the Group Purchasing Agreement and all applicable Exhibits, including the Participating Member Agreement set forth in Exhibit J.

3. **Customer Information.** The following is the relevant Customer contact information:

Customer Name: _____
Billing Address: _____
Corporate Email/Domain: _____
Phone Number: _____
Fax Number: _____
Billing Contact: _____
TAX ID number: _____
***Entity Code:** _____

***To obtain Premier Entity Code, please contact Premier's Solutions Center at 877-777-1552**

4. Purchasing of Services and/or Products. The Customer and Sprint acknowledge that by signing the Enrollment Form is not a commitment to purchase Services and/or Products from Sprint. The Customer acknowledges this Enrollment Form enables the opportunity to establish a separate billing account(s) under the Group Purchasing Agreement and to allow individual employees to purchase Sprint Services and/or Products. The terms and conditions related to employees are referred to in Exhibit A of the Participating Member Agreement.

5. In order to become effective, this Enrollment Form must be executed by a duly authorized representative of Customer and delivered to Sprint no later than 30 days after signing. Upon Customer's execution of this Enrollment Form, it shall be deemed accepted by Sprint without counter-signature; provided that, Customer does not make any modifications, interlineations, addition, supplement and/or other change(s) ("Changes") to this Enrollment Form. Any Changes to this Enrollment Form by Customer shall render this Enrollment Form null and void.

Customer Name

Signed By

Title:

Name:
(Print or Type)

Date:

PARTICIPATING MEMBER MUST FAX COMPLETED FORM, PAGES 1 & 2, TO efax 404-649-9916

NOTES:

1. Only one Enrollment Form required per Customer. All staff and employees will share the same CDMA Codes for each Customer.
2. To obtain a copy of the Group Purchasing Agreement and Exhibits, including the Participating Member Agreement, contact Premier's Solution Center at 877-777-1552.
3. Fax completed Enrollment Form to Sprint at **404-649-9916 attention Micki Hammond** or email to **Micki.hammond@sprint.com**

SPRINT USE ONLY - Required for Processing

Completed by Sprint Account Manager submitting this form

Type of Discount Quoted per Agreement (check one): ___ **Healthcare;** **OR**
 ___ **Non-Healthcare**

CorpID: _____ **AM Name** _____

AM Phone _____ **AM email:** _____

AM Sales Manager: _____ **Directors Name:** _____

Member ID (system level) _____ **BAN No.** -----

Additional Information:

Sprint Questions?

Call Burton Francois, Account Manager, at 571-287-8080; burton.francois@sprint.com
or

Micki Hammond, Program Manager, at 704-361-0802 or e-mail, Micki.hammond@sprint.com

**ATTACHMENT K-2
PARTICIPATING MEMBER ENROLLMENT FORM
MEDICAL MANAGEMENT OR HOLDING COMPANY – ONLY**

SELLER: Sprint Solutions, Inc.
CONTRACT NUMBER: PP-IT-145
SPRINT CONTRACT NUMBER: BSG1410-0824R5
PRODUCT CATEGORY: Cellular Voice and Data Services

This Participating Member Enrollment Form (“Enrollment Form”) is entered into between Sprint Solutions, Inc. (“Sprint”) and _____ (“Customer”) as a Participating Member under the Group Purchasing Agreement between Premier Healthcare Alliance, L.P., f/k/a Premier Purchasing Partners, L.P., Contract Number PP-IT-145/Sprint Contract Number BSG1410-0824R5 (the “Group Purchasing Agreement”), as amended. Sprint and Customer agree as follows:

1. **MEDICAL MANAGEMENT OR HOLDING COMPANY.** Medical Management or Holding Company as defined in the Agreement is considered a Participating Member under the Agreement. Customer must provide a list of patient care facilities via Exhibit 1 – Patient Care Facilities that are permitted to purchase Services under the Agreement. Medical Management or Holding Company is financially responsible for these patient care facilities.
2. **Relationship of Parties.** By signing this Enrollment Form, Customer represents that it is a Participating Member – Medical Management or Holding Company - as defined in the Group Purchasing Agreement.

The meaning of "Customer" and "Participating Member" are interchangeable in the Agreement when Participating Member is purchasing or using Products or Services from Sprint, except where the express intent of the provision is to apply solely to Premier (including but not limited to, Administrative Fees, Marketing Requirements etc.)

3. **Terms and Conditions.** By signing this Enrollment Form, Customer agrees to be bound by the terms and conditions set forth in the Group Purchasing Agreement and all applicable Exhibits, including the Participating Member Agreement set forth in Exhibit J.
4. **Customer Information.** The following is the relevant Customer contact information:

Customer Name: _____
Billing Address: _____
Corporate Email/Domain: _____
Phone Number: _____
Fax Number: _____
Billing Contact: _____
TAX ID number: _____
***Entity Code:** _____

***To obtain Premier Entity Code, please contact Premier’s Solutions Center at 877-777-1552**

6. **Purchasing of Services and/or Products.** The Customer and Sprint acknowledge that by signing the Enrollment Form is not a commitment to purchase Services and/or Products from Sprint. The Customer acknowledges this Enrollment Form enables the opportunity to establish a separate billing account(s) under the Group Purchasing Agreement and to allow individual employees to purchase Sprint Services and/or Products. The terms and conditions related to employees are referred to in Exhibit A, of the Participating Member Agreement.
7. In order to become effective, this Enrollment Form must be executed by a duly authorized representative of Customer and delivered to Sprint no later than 30 days after signing. Upon Customer’s execution of this Enrollment Form, it shall be deemed accepted by Sprint without counter-signature; provided that, Customer does not make any modifications, interlineations, addition, supplement and/or other change(s) (“Changes”) to this Enrollment Form. Any Changes to this Enrollment Form by Customer shall render this Enrollment Form null and void.

Customer Name

Signed By

Name: _____
(Print or Type)

Title: _____

Date: _____

**Exhibit 1
PATIENT CARE FACILITIES LIST**

PARTICIPATING MEMBER represents that the Patient Care Facilities listed below are eligible to receive wireless Products and Services under the Agreement. **PARTICIPATING MEMBER** may update this list of eligible Patient Care Facilities with Sprint's prior written consent. **PARTICIPATING MEMBER** acknowledges and agrees that it is financially responsible for all charges and fees incurred by, and the acts and omissions of, Patient Care Facilities that receive wireless Products and Services under the Agreement. However, **PARTICIPATING MEMBER** is not financially responsible for the Patient Care Facilities' purchases of wireless Products and Services or the acts and omissions of Patient Care Facilities made outside of the Agreement. Existing service agreements terminated for convenience by a Patient Care Facility are subject to early termination liability and other applicable charges and fees.

<u>LEGAL ENTITY NAME</u>	<u>HEADQUARTERS ADDRESS</u>
• NAME	ADDRESS
• NAME	ADDRESS
• NAME	ADDRESS

NOTES:

1. Only one Enrollment Form required per Customer. All staff and employees will share the same CDMA Codes for each Customer.
2. To obtain a copy of the Group Purchasing Agreement and Exhibits, including the Participating Member Agreement, contact Premier's Solution Center at 877-777-1552.
3. Fax completed Enrollment Form to Sprint at **404-649-9916**, attention **Micki Hammond** or email to **Micki.hammond@sprint.com**

SPRINT USE ONLY - Required for Processing

Completed by Sprint Account Manager submitting this form

Type of Discount Quoted per Agreement (check one): *Healthcare; OR*
 Non-Healthcare

CorpID: _____ AM Name _____

AM Phone _____ AM email: _____

AM Sales Manager: _____ Directors Name: _____

Member ID (system level) _____ BAN No. _____

Additional Information:

Sprint Questions? Call **Burton Francois**, Account Manager, at **571-287-8080**; burton.francois@sprint.com
or
Micki Hammond, Program Manager, at **704-361-0802** or e-mail, Micki.hammond@sprint.com