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] ("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  Title:

_________________________  _________________________
Signed By  Date:

Name: ___________________________  (Print or Type)
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*

CorplD: ____________________________ 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
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

5. 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.

6. 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)  ____________________________

   Date: ____________________________

   Title: ____________________________

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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.

LEGAL ENTITY NAME                      HEADQUARTERS ADDRESS
• 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