



Data Rx Management, Inc.
305 West Woodard Street
Suite 220
Denison, TX 75020

Data Rx Service Agreement

I agree to have Data RX provide the following services: (Please check all that apply)

- Switching Service
Pre/Post Edit Service
RecRx Reconciliation Program
Price It
Credit Card Processing Program
Match It
GratisCard
Claims Adjudication for Self Funded Employers
Network Pharmacy Contracting
RxSense Cash Card Program
Off-Site Data Storage

Salesperson Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing: You will be billed monthly for all Services rendered to your Pharmacy during the preceding month. Amounts are due and payable within ten (10) days of invoice date, including sales or use tax as indicated below.

Taxes (Texas Only): Sales tax will be assessed as per Texas State Law which generally only applies to in state business.

Charges for Emergency Back-up Number: Data Rx has an emergency back-up number. There is no extra charge for this; however the modem number would have to be switched back after the emergency condition goes away.

Late Charges: A late charge of 1.5% per month (18% per annum) of the unpaid balance will be added to past due balances.

Ownership of Data: The parties acknowledge and agree that all claims related data obtained by Data Rx under this Agreement shall be and remain the sole property of the Pharmacy.

Term of Agreement: This agreement will be in effect for 1 year starting at signing date below. It will automatically renew unless either party gives written notice to the other party 30 days prior to the end of the 1 year agreement.

Data Sales: DataRx now and in the future may have relationships with the Participating Pharmacy listed below, in which DataRx is entrusted with Protected Health Information (PHI) that shall be converted to a Limited Data Set in accordance with (IAW) 45 CFR §164.514(e)(3)(ii).

Participating Pharmacy's Registered Name and Billing Address

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Password: \_\_\_\_\_

NCPDP: \_\_\_\_\_ State: \_\_\_\_\_ DEA: \_\_\_\_\_ DPS: \_\_\_\_\_

NPI: \_\_\_\_\_

1st Wholesaler: \_\_\_\_\_ 2nd Wholesaler: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ State: \_\_\_\_\_ Additional Number: \_\_\_\_\_ State: \_\_\_\_\_

Additional Number: \_\_\_\_\_ State: \_\_\_\_\_ Additional Number: \_\_\_\_\_ State: \_\_\_\_\_

Name of Pharmacy Contact: \_\_\_\_\_ Please Print Name

My Pharmacy Dispensing Software: \_\_\_\_\_ I Use Internet \_\_\_\_\_ I Use Phone Dialup \_\_\_\_\_

Approved By: \_\_\_\_\_ Pharmacy Authorized Signature Title Date

Please fax this agreement to Data Rx - Denison @ 903-465-0799 for activation
Questions should be directed to Data Rx - Denison office @ 888-714-4422