



eRx Network® CardFinder™

Service Description: eRx Network Cardfinder provides real-time eligibility checking for Part D and commercial coverage. eRx also provides an aged-based checking service. For more information, please contact eRx Network or visit www.ernetwork.com.

Enrollment and Pricing Information (please select):

CardFinder Part D eligibility and Commercial Plan Checking: Part D checking is an additional 1.5 cents per transaction; Commercial Plan Checking is an additional 5.5 cents per positive match. Once enrolled, set up with BIN 610144 PCN CARDFINDER.

CardFinder with Age Checking Service: If patient is 65 or over, the service will only execute Part D checking at an additional charge of 1.5 cents. If the patient is less than 65, the service will only execute a Commercial Check at an additional 5.5 cents per positive match. Once enrolled, set up with BIN 610144 PCN COMMCF.

Table with 2 columns and 8 rows: Pharmacy Store Name ("Pharmacy"), QS/1 System ID, Primary Contact Name (please print), Primary Contact Phone Number, Fax Number, NCPDP Number, NPI Number, Email Address.

Terms and Conditions:

- Pharmacy shall submit an eRx Cardfinder transaction request with respect to an individual for transmission by eRx Network to contracted pharmacy eligibility provider(s) ("Eligibility Providers") only if all of the following conditions are present: (1) Pharmacy has a Reasonable Expectation (as defined below) that insurance coverage exists for such individual; and (2) Pharmacy utilizes an active NPI with a valid pharmacy taxonomy that belongs to the Pharmacy; and (3) Pharmacy has an intent to bill the respective payer whose information was returned. A "Reasonable Expectation" of coverage shall exist with respect to an individual only if such individual has represented to the Pharmacy that applicable insurance coverage is in effect. For example, such representation may be made by presentation of such payer's insurance plan name (including where practicable), or other evidence of coverage by such payer.

- eRx Cardfinder transaction requests shall only be initiated by the submission of a qualified eRx Cardfinder Transaction Request from the Pharmacy and shall not be automatically generated by a third party's, Pharmacy's system. If the Pharmacy fails to comply with any of the foregoing requirements, or if in eRx Network's judgment, the Pharmacy's use of the eRx Cardfinder transaction or other transactions otherwise negatively affects eRx Network's relationship with one or more Eligibility Providers, eRx Network shall have the right to refuse to submit any such transaction(s) to the applicable Eligibility Providers. eRx Network shall notify the Pharmacy in writing and identify with reasonable detail the alleged breach of the foregoing requirements or the reasons that the Pharmacy's use of the eRx Cardfinder or other transactions otherwise negatively affects eRx Network's relationship with any such Eligibility Providers. If such non-compliance, or the existence of such negative facts, is not cured to the satisfaction of eRx Network within thirty (30) days of the Pharmacy's receipt of such notice, eRx Network shall have the right to continue to refuse to submit any such eRx Cardfinder transactions or other transactions to the applicable Eligibility Providers and/or to terminate the eRx Cardfinder Service (and if the eRx Cardfinder Service is the only such service provided in connection with the Agreement, the entire Agreement) by giving the Pharmacy written notice to such effect.
- Additionally, eRx expects the Pharmacy to acknowledge that it is in the Centers for Medicare & Medicaid Services ("CMS") interest to ensure that eligibility (E1) transactions are requested solely for Medicare purposes and that the data provided in the response is used solely to support coordination of benefits in accordance with guidance provided by CMS. eRx requests that the Pharmacy acknowledge that pharmaceutical manufacturer co-pay assistance coupon programs are not considered prescription drug coverage. Accordingly, eRx requests that the Pharmacy represents that it (i) will not use an E1 transaction for the purpose of ruling out Medicare coverage in order to ensure coupon use would not violate the anti- kickback statute (Section 1128B(b) of the Social Security Act) and (ii) will only request E1 transactions in accordance with the purposes described herein.

By signing below, I authorize QS/1 to enroll the above Pharmacy in the eRx Network CardFinder service ("Service"). This Service requires QS/1 to securely transmit data, including Protected Health Information, from the Pharmacy to eRx. The Pharmacy agrees to pay QS/1 for the Service AS described above. I attest and affirm that I am authorized to sign this Enrollment form on behalf of Pharmacy. Pharmacy will notify QS/1 in writing if it desires to terminate Service.

FURTHER, I ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS SET FORTH ABOVE AS OF THE DATE SET FORTH BELOW.

Authorized Signature	
Print Name	
Title	
Date	

Please return completed form to pharmacyservices@qs1.com or fax to 864-253-8690.

Submitted by:	Submission Date:
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