

2015 PracticePRIVILEGES ENROLLMENT AGREEMENT

1. Review the program details with your Sales Consultant to learn the benefits of membership.
2. Fill out the form below with your Sales Consultant (all fields required, including your signature).
3. Submit completed enrollment application by email or print & fax to 1-800-442-0511 for processing.

Please allow 2 weeks for enrollment processing.

**If you have any questions, please contact the PracticePRIVILEGES Help Line:
1.866.MED.VIPS (1.866.633.8477)**

As a PracticePRIVILEGES Member, I agree:

To strive to utilize Henry Schein as the primary source of my clinical & office supplies, equipment, technical services, inventory-management software & other business needs. I plan to purchase a minimum of 70% of my total clinical supplies from Henry Schein Medical & make payments for these items within my established payment terms.*

*****This form & the fields below can be filled in electronically*****

Account Name _____

Ship to account number(s) _____

Contact First Name (please print) _____ Contact Last Name _____

Contact mailing address for all enrolled locations _____

City, State, Zip Code _____

Contact E-mail address _____

Contact Phone Number _____ Fax Number _____

Doctor Name _____

Doctor E-mail Address _____

Enter Full Name Above _____ Date _____

(By entering my name here, I agree to the terms of PracticePRIVILEGES membership outlined in this enrollment application)

Submission Instructions:

1 Save a copy of your form >



2 Send your form via E-Mail or Fax >

TO BE COMPLETED BY SALES CONSULTANT

CUSTOMER SHIP TO ACCOUNT #	ANNUAL SALES GOAL
ADDITIONAL SHIP TO ACC. # (Attach sheet for additional Ship To# & locations)	ANNUAL SALES GOAL
<input checked="" type="checkbox"/>	
SALES CONSULTANT SIGNATURE	DATE
ENTER FULL CONSULTANT NAME	

OFFICE USE ONLY

BILL TO JDE	PRIV CODE	PracticePRIVILEGES #

*The PracticePRIVILEGES agreement may not be automatically renewed for customers not meeting the minimum purchase level of \$250 per month in electronic purchases, or who have a past-due account status. The PracticePRIVILEGES agreement may be cancelled by either party at any time upon written notification of cancellation.

All Offers Expire 12/26/15

Disclosure Note: The prices stated on your invoice, statement or Web account may reflect a discount or be subject to a rebate. You must fully and accurately report this stated discount price, or if applicable, any net pricing, after giving effect to any rebates, to Medicare, Medicaid, Tricare and any other federal or State program upon request by any such program. It is your responsibility to review any agreements or other documents applicable to these prices to determine if they are subject to a rebate. The federal government imposes certain restrictions on, and requires public reporting of, transfers of value to a practitioner. If you are participating in a promotional discount program (e.g. discount redemptions or other special awards), with your purchases you may earn credits redeemable for certain goods or services, in accordance with discount program rules. Upon discount receipt by redemption of your earned credits, you are receiving or will receive notice of the discount value. Accordingly, you should retain these records.

Fax To: 1-800-442-0511