

*Instructions/annotation for preparation of this contract renewal:
Lines “ _____ ” are provided to be filled in with names, addresses, procedures, etc.
Square brackets “ [] ” denote material that need to be deleted, modified,
or added to.*

**Pharmacy Service Contract for the
Maryland Cancer Education, Prevention, Screening, Diagnosis, and Treatment
Program**

Annual Renewal

This agreement, entered into on _____ (date) _____ by and between the _____ Local Health Department, hereinafter called the “LHD”, and the _____ (pharmacy), hereinafter called the “Contractor”, commenced on _____ and shall terminate on _____. The agreement was subject to one-year renewal(s) or extension(s) with modification(s) up to four (4) times by both parties on an annual basis. This agreement shall be for the purpose of providing pharmacy services only to clients served by the LHD under the conditions specified below.

All terms and conditions of the initial agreement dated _____ not specifically modified in Section 2, paragraphs ___ through ___ herein continue in effect.

Provided below are dates of renewal(s) or extension(s) and modifications for this agreement:

1. Dates of renewal or extension:

The agreement commenced on _____ and shall terminate on _____.

2. Modifications

A. [List any additional modifications that are being made, e.g., services that will be covered, etc.]

B. [Refer to new Attachments such as updated CPT codes/Reimbursement rates/Minimal Clinical Elements, etc.]

3. Contract Monitors:

1. The Contract Monitor for the LHD is:

Name (typed) _____
Title (typed) _____
Business Address (typed) _____

Business Telephone Number (typed)_____

2. The Contract Monitor for the Contractor is:

Name (typed)_____
Title (typed)_____
Business Address (typed)_____

Business Telephone Number (typed)_____

[Attachments:

1. Updated CPT code sheet with current reimbursement rates
2.]

Signatures:

In witness whereof, these authorized representatives of the Contractor and the LHD hereby set forth their signatures showing their consent for the Contractor and the LHD to abide by the terms of this contract.

For the Contractor:

(Signature)

Name (typed)

Title (typed)

Date of Signing

For the Local Health Department

(Signature)

Name (typed)

Title (typed)

Date of Signing