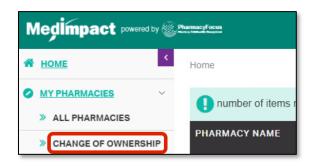


Change of Ownership

If your pharmacy is going through a change of ownership, this request **must be submitted and approved in NCPDP** (https://sso.ncpdp.org/) before your pharmacy can go through the change of ownership process on the MedImpact Pharmacy Portal.

- Login to your account using your NCPDP credentials https://pharmacy.medimpact.com
 Contact PharmacyFocus (portalsupport@pharmacyfocus.com) if you need assistance with your credentials.
- 2. Click Change of Ownership from the home page.



- All pharmacies you have access to, with a change of ownership request will be listed here
- You can search for a specific pharmacy using the simple or advanced search tools

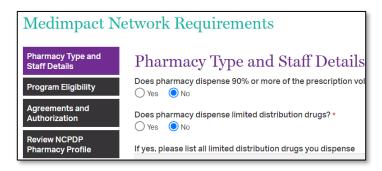
3. From the list of pharmacies in your Change of Ownership queue, click Join Network for said pharmacy



4. Download the MedImpact Non-Disclosure Agreement (NDA) or MedImpact Affidavit



- Independent pharmacies should download the NDA. Pharmacies affiliated with a PSAO should download the Affidavit.
- You will be required to upload the completed NDA or Affidavit later in the enrollment process.
- 5. Complete the **MedImpact Network Requirements**



- Use the section labels on the left to navigate through MedImpact required data and documentation.
- Agreements and Authorization will require a Power of Attorney (POA) when a change of ownership occurs.
- Please also upload completed NDA or PSAO Affidavit from Agreements and Authorization section.
- Review NCPDP Pharmacy profile and if needed click on the link provided in this section to navigate to and update any data on accessonline portal.





Change of Ownership

6. NCPDP Data:

Scenario 1: Future Effective Date

If the change of ownership has a future effective date in NCPDP, the user will not have access to edit the NCPDP profile from the MedImpact Pharmacy Portal; the user will have the option to view the NCPDP profile or continue to the MedImpact Requirements. **Note:** A future effective date will not prevent the pharmacy from submitting the change of ownership request with MedImpact.

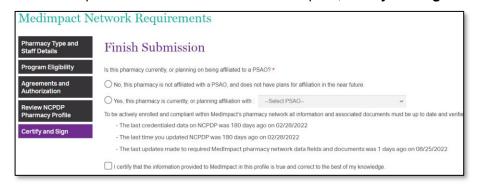
Scenario 2: Effective Date already occurred



Update and verify all required data and documentation in the NCPDP Data tab

- Navigation is the same as when you update your pharmacy's NCPDP data via accessonline.ncpdp.org.
- Use the tabs (Part I, Part II, Verify and Submit), as well as the section labels on the left to navigate your pharmacy's NCPDP data and documentation.

7. Once all required data and documentation is complete, Certify and Sign



Select if the pharmacy is affiliated with a PSAO, or independent

Note: Do not select independent if you are, or plan, on being affiliated with a PSAO. This will not speed up the process to be in network with MedImpact.

Enter your Title, Name and Today's Date click Submit

By signing this certification below, I attest that I am a duly authorized agent of Provider for purposes of submitting this Provider Credentialing Form, and that all information submitted in this Form, as well as any attachment or supplemental information, is true, current, and complete to the best of my knowledge and belief as of the date of signature below. In addition, I agree to notify Medimpact in writing immediately of any event that causes or could cause any information supplied in this Form or accompanying this Form to become untrue or misleading or require any further explanation.

I specifically authorize Medimpact to consult with any third party who may have information, including otherwise privileged or confidential information, bearing on the Provider and/or its licensed staff's professional credentials as well as to inspect or obtain any and all communications, reports, records, statements, documents, recommendations, and/or disclosures of said third party relating to such questions. I also specifically authorize said third parties to release said information to Medimpact understand and agree that a photocopy of this authorization will be as valid as the original.

I fully understand that completion and submittal of this Provider Credentialing Form does not guarantee participation in any of Medimpact's Networks and that any significant misstatements or discrepancies found with the information provided in this Form may result in Provider and any other Providers under the same ownership being denied.

Title *:

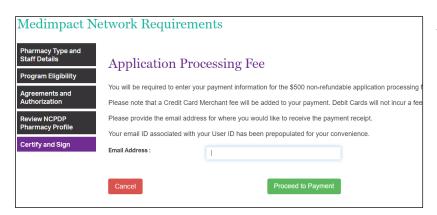
Name *





Change of Ownership

8. Clicking on Submit would open payment module. Certain exceptions apply.



Update the email address where you would like to receive the payment receipt and click on Proceed to Payment.

 Enter your credit or debit card details and click on Pay \$500 (+applicable merchant fee) button. Click Yes on Payment Surcharge dialog to complete the payment. You may click No and choose to use a different card.

Most credit cards incur an additional 3.5% surcharge. Debit cards do not incur a fee.





Once the payment is complete and application is submitted, MedImpact will review your request to join the MedImpact network, and either approve or deny the request.

If all mandatory information is not complete, the request to re-join the Network through change of ownership **will not** be submitted to MedImpact. Any missing mandatory data and/or documentation will be listed when you click **Submit**. Complete the list of missing mandatory data and/or documentation, then **Submit** again once completing the list of missing requirements.