WHY JOIN IPA?

3000+ New Jersey, New York, Pennsylvania & Connecticut Independents can’t be wrong!

**RELIABILITY:** IPA has been providing buying co-op services to independent retail pharmacies for over 27 years. We now serve 3000+ independent community pharmacies in New Jersey, New York, Pennsylvania and Connecticut and has expanded into a Third Party advocate since 1999.

**SUPPORT:** IPA has 7 full-time staff people to serve the participating members by lowering their cost of goods, which in turn will increase their margins. Call us anytime, 9am to 5pm Monday through Friday and you will talk to a real person who can help you resolve problems and/or save money. You can also visit our website IPA-RX.ORG.

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<th>CO-OP SERVICES</th>
<th>OTHER SERVICES</th>
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<td>• WHOLESALE &amp; FULL LINE: IPA contracts with <strong>KINRAY</strong> and <strong>AMERISOURCEBERGEN</strong> as our primary wholesalers through which many generic and brand rebate contracts are accessible. This is in addition to each wholesalers’ source program. This is only available to IPA members.</td>
<td>• MEMBERSHIP FEE: The IPA membership cost is a one-time <strong>Lifetime Membership Fee of only $7.95</strong> which is used to subsidize the production and mailing of the contract book to each new member. In addition, IPA does not require exclusivity. IPA encourages members to belong to more than one group. <strong>Your bottom line is our only concern.</strong></td>
<td>• GOVERNMENT / PUBLIC AFFAIRS: IPA employs a full-time lobbyist to address NJ State as well as Federal legislation (working closely with NCPA) affecting independent community pharmacy. IPA also interacts with NY state’s Medicaid and Senior Programs plus each State’s Board of Pharmacy.</td>
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<td>• FULL LINE DISTRIBUTOR: IPA has a contract with <strong>ANDA</strong> that offers reduced pricing and credits only for IPA members. Participating IPA members in the contract also received $5.2 million in credits and reward dollars in 2014.</td>
<td>• REVENUE SHARING: IPA returns compliance rebates, earned by each member’s contract purchases through rebate credits on invoice directly to the member.</td>
<td>• THIRD PARTY SUPPORT: IPA provides its members with full time third party support staff who represent them to payors to resolve payment problems, audit problems, accreditation, and generic pricing issues.</td>
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<td>• CO-OP CONTRACTS/SUPPLIERS: IPA holds dozens of contracts which in many cases are with your current vendor and can immediately reduce your costs and save you money. When ordering, please tell them that you are an IPA member.</td>
<td>• PROVIDER NETWORK: IPA is affiliated with Third Party Station Provider Network (TPS). TPS is an independent network owned by Pharmacy First. They negotiate and participate in virtually all third party plans on your behalf.</td>
<td>• CONTINUING EDUCATION: IPA is approved by ACPE to accredit and provide pharmaceutical education programs. These continuing education programs are currently offered to IPA members FREE of charge.</td>
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An independent owner has absolutely **no risk** and everything to gain by joining IPA. IPA does not interfere with any existing group or buying co-op membership… it complements them.

PS: Each new member will immediately receive additional discounts from existing contracts. Ask any other IPA member about us or visit our website at www.ipa-rx.org or call John Giampolo or Kathy Fuller at 800-575-2667.

IF YOU WISH TO JOIN, please fill out the application and return it to IPA. An IPA contract book will be sent to your pharmacy. This will be the best $7.95 you ever spent!
Independent Pharmacy Alliance of America Inc.

The Buying Cooperative

APPLICATION FOR MEMBERSHIP TO IPA

There are no dues associated with your membership to IPA.

Please accept my pharmacy into IPA membership with a Lifetime Membership Fee of only $7.95.

PHARMACY NAME ____________________________ CORP NAME ____________________________

ADDRESS __________________________________________ E-MAIL ____________________________

CITY ____________ ST _______ ZIP CODE ___________ COUNTY ____________________________

TELEPHONE ___________ FAX ___________ CELL (optional) ___________

DEA # ____________________ NCPDP # ____________________ NPI # ____________________

(for manufacturer’s rebates)

OWNER’S NAME ___________________________________ FRONT MANAGER __________________________

OTHER BUYING GROUP AFFILIATIONS: 1. ____________________________ 2. ____________________________

A complete contract book will be sent upon receipt of this application.

CONFIDENTIAL PHARMACY PROFILE: Please estimate for convenience and fill out only those you wish to answer.

My Current Wholesaler is: ____________________________

1. ____________________________ Est. Monthly Whlslr Volume: $ ____________________________/month Whlslr Account #: ____________________________

2. ____________________________ $ ____________________________/month ____________________________

A) ACTUAL SQUARE FOOTAGE __________ OR APPROXIMATE STORE SIZE (sq. ft.):

[ ] 1,000 – 2,500; [ ] 2,500 – 5,000; [ ] 5,000 – 7,000; [ ] 7,000 & up

B) ANDA: [ ] ANDA Acct. #: ____________________________

C) VITAMINS/NATURAL SUPP: [ ] Nature’s Bounty [ ] Windmill [ ] 21st Century [ ] Other__________

Are your vitamins purchased Direct [ ] Yes [ ] No-through my wholesaler: (Name) ____________________________

D) INSURANCE (BOP, Professional, General Liability, Auto, etc.): [ ]

Would you entertain a quote on your Business Owners Insurance Policy? [ ] Yes [ ] No

E) GREETING CARDS: [ ] American Greetings [ ] Gibson [ ] Designer Greetings [ ] Other__________

Are your cards Billed Direct: [ ] Yes [ ] No - through my wholesaler: (Name) ____________________________

F) RX COMPUTER SOFTWARE CO.: Please list name: ____________________________

G) VISA/MASTERCARD: Do you use: [ ] Heartland Payment Sys [ ] Global [ ] Other__________

Thank you for adding your strength to the over 3,000 NY, NJ, PA and CT independent pharmacies that are members of IPA. Your signature allows you to participate in any IPA program of your choice and gives IPA your consent to receive taxes sent by or on behalf of IPA. FYI: 95% of all taxes are limited to 1 page for third party, legislative and co-op information. According to the Safe Harbor Regulation, we are informing you that IPA receives a small administrative fee on behalf of your purchases from the discounted contracts provided by IPA suppliers.

Please Return This Application via Mail - or - Fax to IPA at 609-395-1007

Authorized Signature ____________________________ Date ____________________________