



## Letter of Commitment PedsPal Group Purchasing Program

In return for access to special pricing and payment terms afforded under the program/contract which **Sanofi Pasteur** has with Cook Children's Physician Network, (the PedsPal Group Purchasing Program), I/we hereby express our intention to be an active Participant in said program. I/we hereby assert that the PedsPal Group Purchasing Program is our only current group affiliation, and we intend to use and support the program/contract with the dealer/manufacturer named above.

In affirming our position as a Participant in the PedsPal Group Purchasing Program, we acknowledge that we are hereby appointing PedsPal as our agent in group purchasing matters, and expressing our desire to be represented by PedsPal in current and/or future negotiations or bidding for these and similar products.

We understand that PedsPal receives Administrative Fees in connection with our purchases from the dealer/manufacturer named, that the fees will be 3 percent or less of the cumulative purchase prices paid by the Participant, and that such fees are retained by PedsPal, in lieu of program participation fees being charged to the Participant by PedsPal. We further understand that, upon our written request, PedsPal will provide details on the Administrative Fees collected by PedsPal attributable to purchases made by Participant.

Name: \_\_\_\_\_ By: \_\_\_\_\_  
*Practice/Clinic (Participant)* *(Authorized Signature)*

Address: \_\_\_\_\_ Title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-Mail: \_\_\_\_\_

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Do you have an **existing** account with Sanofi Pasteur? \_\_\_\_\_ If "YES Acct. Number is - # \_\_\_\_\_ .

**\*\*NOTE:** A copy of the State Medical License AND Drug Enforcement Agency (DEA) certificates must be provided to PedsPal and submitted with this letter.

Upon **completion**, please forward to **Cook Children's Physician Network**, Attn: Group Purchasing, 750 8<sup>th</sup> Ave., Suite 305, Fort Worth, TX 76104 (Phone 682-885-7257 (PALS), Fax 682-885-5860.

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REVIEWED AND APPROVED for PedsPal pricing:

By: \_\_\_\_\_ Date: \_\_\_\_\_