

340B Covered Entity Attestation

Dear Customer,

You have notified Foundation Care, LLC (“Foundation Care”) that you are a 340B Covered Entity that has registered as such with the Health Resources and Services Administration’s (“HRSA”) Office of Pharmacy Affairs Information System (“OPAIS”). Per Foundation Care’s policies and procedures, customers who are 340B Covered Entities must complete this Attestation in order to notify Foundation Care of their decision to opt in or opt out of receiving 340B pricing on eligible product purchases. Under no circumstances will Foundation Care: (i) implement 340B pricing without an executed copy of this Attestation indicating an “Opt In” selection; or (ii) implement 340B pricing retroactively. Upon receipt of an Attestation indicating “Opt In,” Foundation Care will verify the Customer’s status as a registered 340B Covered Entity and complete any other steps required by applicable law or the terms of its manufacturer agreement.

An authorized official of your organization must complete, sign, and date this Attestation. **If you do not return a completed Attestation, you will be automatically classified as opting out of 340B pricing—even if you are a 340B Covered Entity that is registered in HRSA’s OPAIS.**

Customer Name: _____

Address: _____

340B ID: _____

Authorized Official Name: _____

Authorized Official Title: _____

Authorized Official Email/Phone Number: _____

Note that Name, Address, and 340B ID must be identical to those listed in HRSA’s OPAIS to implement 340B pricing.

Please select one of the following:

I wish to Opt In to 340B Pricing. By checking this option and signing this Attestation, I agree and attest that the Customer named above is enrolled in the federal 340B Program, registered in HRSA’s OPAIS, and wishes to obtain 340B pricing on eligible product purchases. I understand that, once 340B pricing is implemented, the Customer named above will be billed by Foundation Care at the 340B acquisition cost for eligible purchased products. During the entire time the Customer named above purchases eligible products at 340B pricing, I attest it shall comply with all applicable 340B requirements, including, but not limited to, submitting to manufacturer and government audits, completing required re-certifications, and protecting against diversion and duplicate discounts.

Effective Date of Opt-In (if not ASAP): _____

I wish to Opt Out of 340B Pricing. By checking this option and signing this Attestation, I agree and attest that the Customer named above is enrolled in the federal 340B Program and registered in HRSA’s OPAIS, but does not wish to obtain 340B pricing on eligible product purchases. I understand the Customer named above will be billed by Foundation Care at standard pricing, regardless of whether a product is otherwise eligible for 340B pricing. I further understand that, unless and until the Customer named above executes a new attestation opting in to 340B pricing, 340B pricing will not be implemented.

Authorized Official Signature: _____ **Date:** _____

If you have questions about this Attestation, please call **833.291.2773**.

Please email completed form to **FCPiclusig@foundcare.com**.