



## PROVIDER ENROLLMENT AGREEMENT

CMAP *Express* is a non-profit Central Fill Pharmacy which has acquired contracts with several drug manufacturers to provide us with bulk donation medications. These contracts allow CMAP *Express* to offer free medications to your patients who meet certain guidelines.

What does this mean to you and your staff?

1. Patients may now receive medications that they may otherwise be unable to afford.
2. Less paperwork; no individual applications are required for these particular medications.
3. Wait time for medications drastically reduced to less than a week.

The medications that are available are listed on the CMAP *Express* formulary. Updated formularies will be provided to your office as new medications are added.

Patients and/or their representative will be required to sign for these medications when they are picked up at your office. CMAP *Express* will provide your office with a log book for this specific purpose.

CMAP *Express* appreciates your support and looks forward to working with you and your patients.

Sincerely,  
Wendy Roy, MHA  
Program Director

I, \_\_\_\_\_, hereby agree to participate with CMAP *Express* to provide free medications to my patients. I have reviewed and understand the CMAP program requirements that are posted on [cmaprx.org](http://cmaprx.org). I will provide this service **free** of charge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DEA#

\_\_\_\_\_  
State Medical License#

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email Address

Version Sept.09

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Funding provided by:  
 THE RAPIDES FOUNDATION