

Bayer HealthCare, Diabetes Preferred Pricing Application

Payless Distributors

Tel: 800-243-9913 Fax: 888-479-1362

Email: customerservice@paylessdistributors.com

Please fill out and return through Email or Fax

Retailer Legal Name _____

Retailer D.B.A Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ NABP Number _____

Phone (____) _____ Fax (____) _____ Email Address _____

Medicare Supplier Number _____

NPI Number _____ DEA Number _____

Federal Tax ID Number _____

Which CMS approved Accreditation Organization have you been accredited by?

Which Medicare Part B/Medicaid Claim Submission Service/Clearinghouse Do You Use?

eRx (Allwin Data) Freedom Data OmniSYS Other(please identify) _____

Retailer's Authorized Contour and Contour NEXT Wholesaler _____ PAYLESS DISTRIBUTORS

Customer Account Number (your main phone number) _____

Retailer's Additional Authorized Contour and Contour NEXT Wholesaler (optional) _____

Customer Account Number _____ (Assigned by Wholesaler or Retailer)

Print Name of Signatory

Print Title of Signatory

Signature

Date

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