

Declaration of Intention

Under Florida law, a Health Care Clinic Establishment (HCCE) permit is required for the purchase of a prescription drug by a place of business at one general physical location that provides health care or veterinary services, which is owned and operated by a business entity that has been issued a federal employer tax identification number. This requirement may apply to you if you are a physician practice group or clinic that operates as a separate legal entity with its own federal employer tax identification number.

The HCCE permit requirement does not affect the ability of a physician, either individually or through the physician's sole proprietorship, to purchase drugs under his or her own name and medical license number, without the need for an HCCE permit. In addition, we believe that the Florida Department of Business & Professional Regulation has clarified that a physician in a group practice or clinic who wants to order prescription drugs in his or her own name and medical license number, for use at the practice or clinic, may do so without an HCCE permit, if the physician clearly specifies his or her intention of purchasing the drugs under the authority of his or her license and acknowledges responsibility for the drugs. The physician may also provide billing directions, and any invoices and shipping documents must reflect the name and medical license number of the physician to whom the drugs are sold. The following declaration has been created to confirm the intention of any physician who wishes to purchase drugs under this scenario.

By my signature below, I hereby declare that:

1. I have the authority under applicable law to order, purchase and store prescription drugs under the authority of my State of Florida physician license #: _____

2. Please check the appropriate box below:

All prescription drugs to be shipped by Paragard Direct[™] to the below entity and address are being purchased by me under the authority of my physician license, and I am directing Paragard Direct[™] to remit bills for the prescription drugs to the bill-to entity and address listed below.

I utilize a courtesy billing or drop-ship arrangement through another wholesaler to acquire prescription drugs. All prescription drugs to be shipped by Paragard Direct[™] to the below ship-to entity and address are being sold by Paragard Direct[™] to the other wholesaler, and all invoices for those sales should be sent to the other wholesaler at the bill-to address listed below.

3. I will be responsible in all respects for the receipt, recordkeeping, storage, handling, and accountability of any prescription drugs purchased under the authority of my license and shipped to the below ship-to entity and address.

4. I will notify Paragard Direct[™] of any changes to the license on this account or if any of the above statements is no longer true.

Bill-to-Entity Name and Address

Name of Bill-to Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Ship-to-Entity Name and Address

Name of Ship-to Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

PHYSICIAN SIGNATURE REQUIRED

Physician Signature (must match name on license): _____

Physician (Print Name): _____

Date: _____



Submit completed form by email to customer care@paragarddirect.com or by fax to 1-800-299-8332.