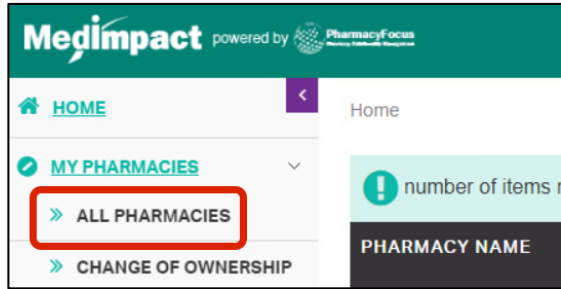


1. Login to your account using your NCPDP credentials – <https://pharmacy.medimpact.com>  
Contact PharmacyFocus ([portalsupport@pharmacyfocus.com](mailto:portalsupport@pharmacyfocus.com)) if you need assistance with your credentials.
2. Click **My Pharmacies** from the home page.

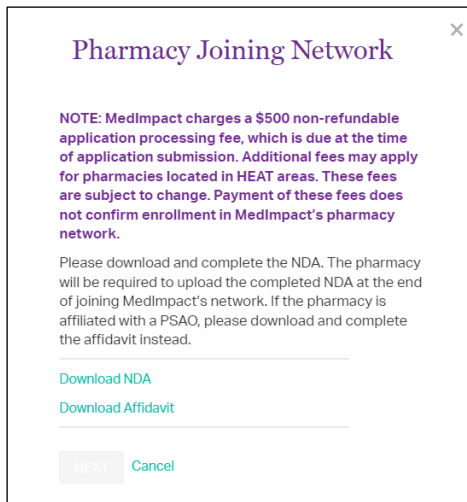


- All pharmacies you have permission to access through NCPDP will be listed
- You can search for a specific pharmacy using the **simple** or **advanced** search tools

3. From the list of pharmacies, click **Join Network** for the pharmacy you wish to enroll.

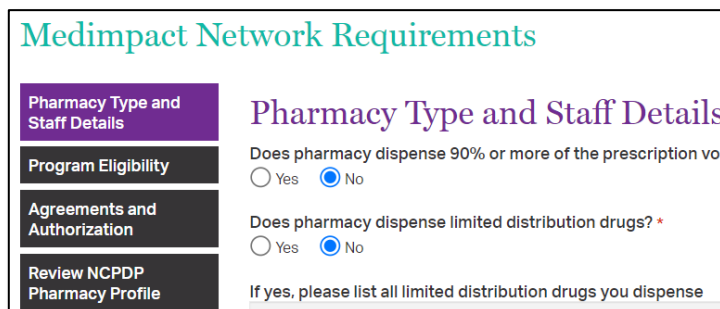
PHARMACY NAME	STORE NUMBER	NCPDP ID	NPI	MAIN PHONE	ADDRESS	LAST UPDATE DATE	ACTION
South Street Pharmacy		1234567	1992035182	7272401341	123 South St	03/12/2020	Join Network

4. Download the **MedImpact Non-Disclosure Agreement (NDA)** or **MedImpact Affidavit**



- Independent pharmacies should download the NDA. Pharmacies affiliated with a PSAO should download the Affidavit.
- You will be required to upload the completed NDA or Affidavit later in the enrollment process.

5. Complete the **MedImpact Network Requirements** and **Review NCPDP Pharmacy Profile**



- Use the section labels on the left to navigate through MedImpact required data and documentation.
- Upload completed NDA or PSAO Affidavit from **Agreements and Authorization** section.
- **Review NCPDP Pharmacy profile** and if needed click on the link provided in this section to navigate to and update any data on accessonline portal.

6. Once all required data and documentation is complete, **Certify and Sign**

The screenshot shows the 'Finish Submission' step of the MedImpact Network Requirements form. On the left is a navigation menu with options: Pharmacy Type and Staff Details, Program Eligibility, Agreements and Authorization, Review NCPDP Pharmacy Profile, and Certify and Sign (highlighted in purple). The main content area is titled 'Finish Submission' and contains the following text: 'Is this pharmacy currently, or planning on being affiliated to a PSAO? \*'. There are two radio button options: 'No, this pharmacy is not affiliated with a PSAO, and does not have plans for affiliation in the near future.' and 'Yes, this pharmacy is currently, or planning affiliation with:'. A dropdown menu is set to '--Select PSAO--'. Below this, it states: 'To be actively enrolled and compliant within MedImpact's pharmacy network all information and associated documents must be up to date and verified'. Three bullet points follow: '- The last credentialed data on NCPDP was 180 days ago on 02/28/2022', '- The last time you updated NCPDP was 180 days ago on 02/28/2022', and '- The last updates made to required MedImpact pharmacy network data fields and documents was 1 days ago on 08/25/2022'. At the bottom, there is a checkbox: 'I certify that the information provided to MedImpact in this profile is true and correct to the best of my knowledge.'

Select if the pharmacy is **affiliated** with a PSAO, or **independent**

**Note:** Do not select independent if you are, or plan, on being affiliated with a PSAO. This will not speed up the process to be in network with MedImpact.

Enter your **Title, Name** and **Today's Date** click **Submit**

This screenshot shows the certification section of the form. It starts with a checkbox: 'I certify that the information provided to MedImpact in this profile is true and correct to the best of my knowledge.' Below this is a large text block containing a disclaimer: 'By signing this certification below, I attest that I am a duly authorized agent of Provider for purposes of submitting this Provider Credentialing Form, and that all information on this Form, as well as any attachment or supplemental information, is true, current, and complete to the best of my knowledge and belief as of the date of signature below. In addition, I warrant that I will not be involved in any activity that causes or could cause any information supplied in this Form or accompanying this Form to become untrue or misleading or to be further explanation. I specifically authorize MedImpact to consult with any third party who may have information, including otherwise privileged or confidential information, bearing on the Provider's professional credentials as well as to inspect or obtain any and all communications, reports, records, statements, documents, recommendations, and/or disclosures of information relating to such questions. I also specifically authorize said third parties to release said information to MedImpact. I understand and agree that a photocopy of this authorization is not the original. I fully understand that completion and submittal of this Provider Credentialing Form does not guarantee participation in any of MedImpact's Networks and that any significant discrepancies found with the information provided in this Form may result in Provider and any other Providers under the same ownership being denied.' Below the text are three input fields: 'Title \*' with 'SD' entered, 'Name \*' with 'SD' entered, and 'Date \*' with '7/8/2022' entered. At the bottom are two buttons: 'Previous' and 'Submit'.

7. Clicking on Submit would open payment module. Certain exceptions apply.

The screenshot shows the 'Application Processing Fee' step of the MedImpact Network Requirements form. The navigation menu on the left is the same as in the previous screenshot, with 'Certify and Sign' highlighted. The main content area is titled 'Application Processing Fee' and contains the following text: 'You will be required to enter your payment information for the \$500 non-refundable application processing fee. Please note that a Credit Card Merchant fee will be added to your payment. Debit Cards will not incur a fee.' Below this, it says: 'Please provide the email address for where you would like to receive the payment receipt. Your email ID associated with your User ID has been prepopulated for your convenience.' There is an 'Email Address:' label followed by an empty input field. At the bottom are two buttons: 'Cancel' and 'Proceed to Payment'.

Update the email address where you would like to receive the payment receipt and click on Proceed to Payment.

8. Enter your credit or debit card details and click on Pay \$500 (+applicable merchant fee) button. Click Yes on Payment Surcharge dialog to complete the payment. You may click No and choose to use a different card. Most credit cards incur an additional 3.5% surcharge. Debit cards do not incur a fee.

MedImpact

VISA Mastercard American Express Discover Delta

Card Number \*

Card Number is required

Expiration Date(MMYY) \*

CVV2 \*

Address1 \*

Postal Code \*

PAY \$500 (+APPLICABLE MERCHANT FEE)

Payment Surcharge

There is a 3.5 % Merchant Fee added for all credit card payments.  
If you select "Yes" you authorize MedImpact to apply this surcharge to your payment.  
If you select "No" you do not want to pay the 3.5 % Merchant Fee, you may choose to use a Debit Card instead and no fee will be added.

YES No

Once the payment is complete and application is submitted, MedImpact will review your request to join the MedImpact network, and either approve or deny the request.

*If all mandatory information is not complete, the request to join the Network **will not** be submitted to MedImpact. Any missing mandatory data and/or documentation will be listed when you click **Submit**. Complete the list of mandatory data and/or documentation, then **Submit** again.*