

## ABBOTT DIABETES CARE RETAIL MEDICARE PROGRAM

Abbott Diabetes Care Sales Corporation (“ADC”) and Anda Inc. (the “Wholesaler”) have entered into the Retail Wholesaler Chargeback Supply Agreement, effective as of June 22, 2009 (the “Agreement”). The Agreement was entered into as a part of the Abbott Diabetes Care Retail Medicare Program (the “Program”). If you would like to purchase ADC products from Wholesaler pursuant to the Program (the “Products”), please carefully read this Retailer Terms and Conditions and Application (this “Retailer Application”), complete the application portion below, and sign below to indicate your agreement to participate in the Program in accordance with the terms and conditions set forth herein.

The following are the terms and conditions in order to participate in the Program:

- You must be an authorized supplier of blood glucose monitoring products under Medicare or an eligible state Medicaid program (New York and Florida only) for patients under a medical benefit only. The Program is not for any patients with a pharmacy benefit, including managed care pharmacy benefits.
- You must accept assignment of Medicare benefits from your customers and the authorized reimbursement rate from Medicare or an eligible state Medicaid program. You must maintain your good standing with Medicare and properly maintain your Provider Supplier Numbers.
- You must only resell the Products directly to your Medicare or Medicaid customers that reside in the United States for their own use. You must not repackage or re-label the Products, and you shall sell Products to your customers only as a part of an unopened package.
- You must use (a) Allwin, (b) Omnisys or (c) Freedom Data Services to adjudicate Medicare claims and state Medicaid claims for Products, and you authorize them to release the following information to ADC: (i) your monthly total dispensed quantities of Products; (ii) your NABP/NCPDP numbers; and (iii) your DEA numbers.
- You must not make any warranty to your customers about the Products that exceeds the warranty in the Product labeling or inserts.
- If you receive written notice of a recall of Products from ADC or Wholesaler, you will notify all of your customers who purchased recalled products of the recall. Within ten (10) days after you receive such recall notice, you will provide ADC with written certification that you have notified all of your customers concerning the recall.
- Patient confidentiality is important. You must comply with all applicable laws, including but not limited to, the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations promulgated thereunder (“HIPAA”), and the Social Security Act of 1935, as amended, and the regulations promulgated thereunder (the “Social Security Act”). You shall implement appropriate safeguards to prevent the use or disclosure of a customer’s protected health information (as defined under HIPAA) and any individually identifiable health information (as defined under the Social Security Act).
- The Products will not be eligible for any rebate or promotion sponsored by ADC and you shall not claim or attempt to claim the benefit from any such rebate or promotion.
- You cannot return the Products to ADC, except for defective Products.
- You shall maintain an adequate inventory record system that can trace the ultimate disposition of each Product to a customer for a period of three (3) years from the end of the calendar year during which such Product was sold to such customer.

ABBOTT DIABETES CARE RETAIL MEDICARE PROGRAM APPLICATION

Retailer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Retailer Fax: \_\_\_\_\_

Retailer Email: \_\_\_\_\_

Taxpayer ID#: \_\_\_\_\_

NABP/NCPDP #: \_\_\_\_\_

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

Adjudicator: \_\_\_\_\_

Wholesaler: \_\_\_\_\_

Wholesaler Account #: \_\_\_\_\_

By signing below, you agree to participate in the Program in accordance with the terms and conditions set forth herein, and you consent to ADC forwarding your information to Wholesaler and the adjudicator that you have indicated above.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax this completed Retailer Application to ADC at (847) 775-4910.