Contract Name: Contract_B
Pharmacy Company: Pharmacy Company B Inc.
Hospital Group: Hospital B Group
Agreement Date: 2024-09-16
Total Agreement Amount: \$493582
Time Span: 1 years
Valid Until: 2026-02-04
Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril
Terms and Conditions:
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Agreement Date: 2024-09-16		
Total Agreement Amount: \$493582		
Time Span: 1 years		
Valid Until: 2026-02-04		
Valid Until: 2026-02-04 Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril		
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Total Agreement Amount: \$493582

Time Span: 1 years

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Valid Until: 2026-02-04	
Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril	
Terms and Conditions:	
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Contract Name: Contract_B	
Pharmacy Company: Pharmacy Company B Inc.	
Hospital Group: Hospital B Group	
Agreement Date: 2024-09-16	
Total Agreement Amount: \$493582	
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Valid Until: 2026-02-04	
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Hospital Group: Hospital B Group
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Hospital Group: Hospital B Group
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Total Agreement Amount: \$493582
Time Span: 1 years
Valid Until: 2026-02-04
Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril

Terms and Conditions:

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Contract Name: Contract_B

Pharmacy Company: Pharmacy Company B Inc.

Hospital Group: Hospital B Group

Agreement Date: 2024-09-16

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Terms and Conditions:

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Hospital Group: Hospital B Group						
Agreement Date: 2024-09-16						
Total Agreement Amount: \$493582						
Time Span: 1 years						
Valid Until: 2026-02-04						
Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril						

- 1. The Pharmacy will supply the listed medicines as agreed.
- 2. The Hospital agrees to use the medicines strictly for patient treatment.
- 3. Payments will be made within 30 days of delivery.
- 4. Any breach of contract will be legally pursued.

Contract Name: Contract_B

Pharmacy Company: Pharmacy Company B Inc.

Hospital Group: Hospital B Group

Agreement Date: 2024-09-16

Total Agreement Amount: \$493582

Time Span: 1 years

Valid Until: 2026-02-04

Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril

Terms and Conditions:

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Contract Name: Contract_B

Pharmacy Company: Pharmacy Company B Inc.

Hospital Group: Hospital B Group

Agreement Date: 2024-09-16

Total Agreement Amount: \$493582

Time Span: 1 years

Valid Until: 2026-02-04

Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril

Terms and Conditions: 1. The Pharmacy will supply the listed medicines as agreed. 2. The Hospital agrees to use the medicines strictly for patient treatment. 3. Payments will be made within 30 days of delivery. 4. Any breach of contract will be legally pursued. Contract Name: Contract B Pharmacy Company: Pharmacy Company B Inc. Hospital Group: Hospital B Group Agreement Date: 2024-09-16 Total Agreement Amount: \$493582 Time Span: 1 years Valid Until: 2026-02-04 Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril ______ Terms and Conditions: 1. The Pharmacy will supply the listed medicines as agreed. 2. The Hospital agrees to use the medicines strictly for patient treatment. 3. Payments will be made within 30 days of delivery. 4. Any breach of contract will be legally pursued.

Contract Name: Contract_B

Pharmacy Company: Pharmacy Company B Inc.

Hospital Group: Hospital B Group

Agreement Date: 2024-09-16

Total Agreement Amount: \$493582

Time Span: 1 years

Valid Until: 2026-02-04

Medicine List: Levothyroxine, Atorvastatin, Amoxicillin, Lisinopril

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