Contract Name: Contract_C
Pharmacy Company: Pharmacy Company C Inc.
Hospital Group: Hospital C Group
Agreement Date: 2024-08-31
Total Agreement Amount: \$146885
Time Span: 5 years
Valid Until: 2029-09-21
Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen
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Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

Total Agreement Amount: \$146885

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Valid Until: 2029-09-21

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Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen				
Terms and Conditions:				
The Pharmacy will supply the listed medicines as agreed.				
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3. Payments will be made within 30 days of delivery.				
4. Any breach of contract will be legally pursued.				
Contract Name: Contract_C				
Pharmacy Company: Pharmacy Company C Inc.				
Hospital Group: Hospital C Group				
Agreement Date: 2024-08-31				
Total Agreement Amount: \$146885				
Time Span: 5 years				
Valid Until: 2029-09-21				
Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen				
Terms and Conditions:				
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Contract Name: Contract_C
Pharmacy Company: Pharmacy Company C Inc.
Hospital Group: Hospital C Group
Agreement Date: 2024-08-31
Total Agreement Amount: \$146885
Time Span: 5 years
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Contract Name: Contract_C
Pharmacy Company: Pharmacy Company C Inc.
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Total Agreement Amount: \$146885
Time Span: 5 years
Valid Until: 2029-09-21
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Contract Name: Contract_C

Pharmacy Company: Pharmacy Company C Inc.

Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

Total Agreement Amount: \$146885

Time Span: 5 years

Valid Until: 2029-09-21

Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen

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Contract Name: Contract_C

Pharmacy Company: Pharmacy Company C Inc.

Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

Pharmacy Contract Agreement
Total Agreement Amount: \$146885
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Pharmacy Company C Inc.
Hospital Group: Hospital C Group
Agreement Date: 2024-08-31
Total Agreement Amount: \$146885
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Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

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Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen

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Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen

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Total Agreement Amount: \$146885

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Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

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Contract Name: Contract_C

Pharmacy Company: Pharmacy Company C Inc.

Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

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Agreement Date: 2024-08-31

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Pharmacy Contract Agreement
Hospital Group: Hospital C Group
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