

DISPENSING DOCTOR DISCOUNT SCHEME

Teva UK Limited
Ridings Point , Whistler Drive,
Castleford
WF10 5HX

TEVA

UK
Teva UK Limited

Wholesaler Notification Form

TEVA UK Limited have offered the following discount terms to the dispensing doctor account listed below. Please set this account up with the data release section duly completed and signed by the customer. Please make relevant sales data available to Teva.

Surgery Details

Surgery Name:	
Address:	
Postcode:	
Telephone Number:	
GP's in Practice:	

Date signed up:	
Date Last Rev.:	
Teva Reference:	
Total Patients:	
Total Dispensing Patients:	

Wholesaler Details

Wholesaler:	-
Address:	-
	-
	-
	-
Postcode:	-
Telephone Number:	-
Fax Number:	-

Data Release

This is to confirm permission for the above named wholesaler to provide data on the sales of Teva products to Teva UK Limited. Data will be provided daily and will only be used in operation of the Teva UK Dispensing Doctor Discount Scheme.

DD Wholesaler Account Number:

On Behalf of (Authorised Signatory)

Signature:

Date:

PRINT NAME:

SEPARATE FORMS ARE REQUIRED FOR EACH BRANCH SURGERY

Teva Contact Details

Account Manager Name:	#REF!
Area Number:	
Teva HQ:	Customer Services Telephone: 01977 628500 Fax: 01977 628799 Email: Customer.Services@tevauk.com

Terms & Conditions

This scheme comes into effect from the date signed up and will only apply to Qvar products ordered after this date from your nominated wholesaler (see wholesaler notification form)

Teva UK Limited Reserve the right to withdraw or modify this scheme at any time & will give written notice of any intention to do so.

Any change to the scheme (including discount levels & prices) will be made in writing by Teva prior to the effective date of such changes

Products supplied are on the understanding that they are dispensed to patients registered in the above named practice. Failure to adhere to this will result in immediate termination of your inclusion in this scheme and any discounts received will be subject to repayment to your nominated wholesaler

The participant acknowledges and agrees that Teva will collect data from the nominated wholesaler or IMS to be used for the operation and monitoring of the Teva UK dispensing doctor scheme. Rebates including VAT will be paid by Teva via BACs, unless otherwise agreed with the Participant.

On Behalf of the participant, I hereby agree to be bound by these terms and conditions:

Signature

Print Name

Title

Job Code: UK/QV/13/0002a(1)
Date of preparation: August 2017

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Sign Up Form

Surgery Details

Surgery Name:	<input type="text"/>	Wholesale:	<input type="text"/>
Address:	<input type="text"/>	Wholesaler account number:	<input type="text"/>
	<input type="text"/>	Teva UK Limited Account Number:	<input type="text"/>
	<input type="text"/>	Total Patients:	<input type="text"/>
Postcode:	<input type="text"/>	Total Dispensing Patients:	<input type="text"/>
Telephone Number:	<input type="text"/>		
Practice email address:	<input type="text"/>		
GP's in Practice:	<input type="text"/>		

Discount Level

Teva UK Limited are pleased to be able to offer the below discounts for Qvar® (beclometasone dipropionate):

	Reimbursement Price	Discounted Price	% Discount	Average Usage per month
Qvar® MDI 50mcg	£7.87	£4.72	40%	
Qvar® MDI 100mcg	£17.21	£10.33	40%	
Qvar® Easi-Breathe® 50mcg	£7.74	£5.42	30%	
Qvar® Easi-Breathe® 100mcg	£16.95	£11.87	30%	

Authorisation

I hereby confirm for the nominated

On Behalf of (Authorised Signatory)

Business Bank Account Name:	<input type="text"/>	Sort Code:	<input type="text"/>
Bank Name:	<input type="text"/>	Account Number:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
PRINT NAME:	<input type="text"/>		
VAT Number	<input type="text"/>		

On Behalf of Teva UK Limited

Territory Manager Signature:	<input type="text"/>	Date:	<input type="text"/>
PRINT NAME:	<input type="text"/>		

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