## AGREEMENT WITH THE WHEATON FRANCISCAN PHARMACY AND THE CITY OF RACINE HEALTH DEPARTMENT

This is an agreement between the Wheaton Franciscan Pharmacy (WFP) and the City of Racine Health Department (CORHD) to provide approved pharmaceuticals prescribed by the Family Medicine Center (FMC) for sexually transmitted disease to all residents who reside within the City of Racine, Village of Elmwood Park, and Village of Wind Point.

WHEREAS, the CORHD is desirous of providing such services under certain terms and conditions;

WHEREAS, the WFP is desirous of providing such services under certain terms and conditions; and

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

## A. WFP agrees to:

- 1) Provide approved pharmaceuticals in accordance with the Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines 2006 and the CORHD STD Clinic Treatment Protocol.
- 2) Provide such services during regular hours of operation.
- 3) Provide STD informational pamphlets and cards regarding counseling and follow-up.
- 4) Dispense sample medicines when available.
- 5) Charge only for clients presenting pharmaceutical orders written from FMC for a sexually transmitted disease.
- Request client's private insurance provider, HMO, or T19 eligibility for billing purposes.
- 7) Bill the CORHD on a monthly basis at the established fee schedule. \$7.00 per person and cost of pharmaceuticals

В.	The	CORHD	agrees	to:
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- 1) Offer/provide counseling and follow-up with clients (positive or negative results).
- 2) Provide all pamphlets and cards for dissemination.
- 3) Reimburse WFP on a monthly basis at the established fee schedule. \$7.00 per person and cost of pharmaceuticals

## C. The Parties agree:

1) Either party may dissolve this agreement scheduled with a written 90 day notice.

IN WITNESS WHEREOF, the Parties hereto	o have executed this Agreement effective
Gary Becker, Mayor	Date
Robert R. Weber, City Attorney (approved as to form)	Date  12/57  Date
	Date
	Date