

# LETTER OF PARTICIPATION

## Buffalo Filter Smoke Evacuators (CE40173)

### Participation Agreement for Integrated Delivery Networks (IDNs)

IDNs can take advantage of tier pricing and can earn an incentive of 0.5 percent in addition to any tier level earned by agreeing to jointly participate across the IDN network. In order to earn this additional incentive, you must provide a facility listing of your group to Buffalo Filter with this signed participation agreement and a minimum of 85 percent of your group members must participate in the purchase of any smoke evacuation systems, supplies or accessories.

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Number of Hospital Members  
in IDN: \_\_\_\_\_

IDN will give thirty (30) days advanced written notice to Buffalo Filter of any changes in financial institution or other instructions.

When properly executed, the authorization will become effective fifteen (15) days after its receipt by Buffalo Filter.

Name of IDN \_\_\_\_\_

BY \_\_\_\_\_ (Authorized Signature)

Title \_\_\_\_\_ Date \_\_\_\_\_

*Attach separate listing of members with this document either via fax (716-835-3414), or via email (Karen.loretto@buffalofilter.com) to include address, purchasing contact or O.R. Director, and phone number).*

Submitted By: _____	Phone No.: _____
Member ID No.: _____	Date: _____
Copy and fax to: Novation Contract Administration at 877/NOVAFRM (668-2376). <i>Problems? Contact us at novafrm@novationco.com</i>	