



Maine - Prescription Monitoring Program Data Collection Authorization Form

Dear QS/1 Customer,

Thank you for your interest in the **Maine - Prescription Monitoring Program** data collection through QS/1.

The undersigned, for and on behalf of the designated Pharmacy, does hereby acknowledge and agree as follows:

- QS/1 Data Systems shall collect and transmit the designated Pharmacy's prescription data to the **Maine - Prescription Monitoring Program (PMP)**.
- The Pharmacy shall remit to QS/1 the sum of ~~\$20.00~~/month for the service.
*Monthly fee is waived for NPSC members.
- The Pharmacy will be responsible for correcting and resubmitting any serious or fatal errors reported by the **Maine - Prescription Monitoring Program (PMP)**.
- QS/1 has no responsibility whatsoever for the content of the data transmitted such being the sole and exclusive responsibility of the Pharmacy.

Date

Store Name

System ID Number

Phone Number/Email Address

Pharmacy DEA #

Authorized Signature

NCPDP

Print Name