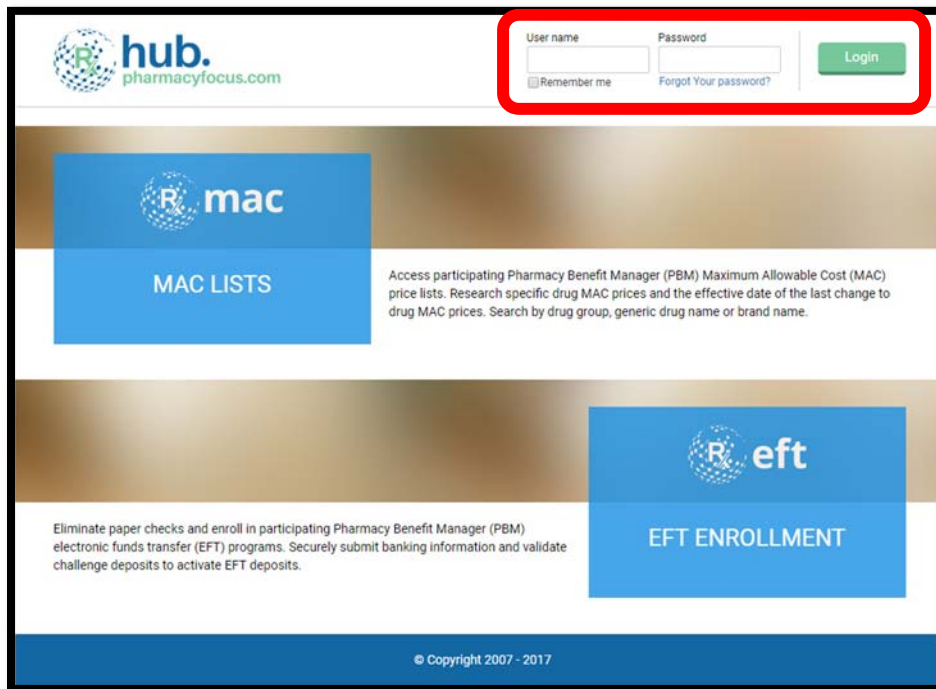


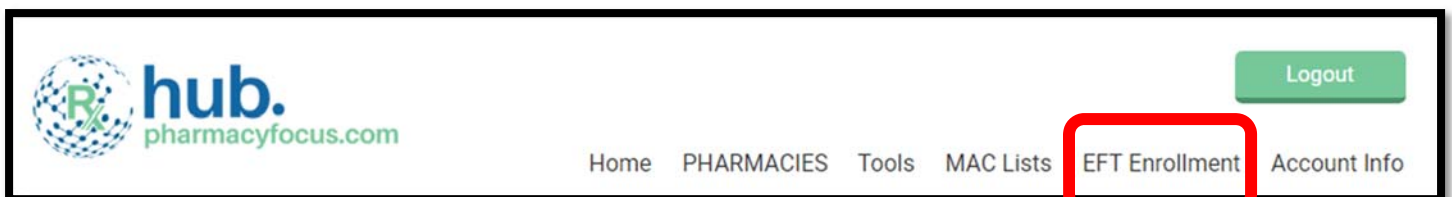
This is the step-by-step process for setting up a pharmacy for Electronic Fund Transfer (EFT) payments by MedImpact Healthcare Systems, Inc.

**Step 1.** Log in to the Pharmacy Verification Network ([www.pharmacyverification.com](http://www.pharmacyverification.com)).

Your NCPDP Online username and password is also your Pharmacy Verification Network username and password. If you don't know your username and password, you can email [cs@pharmacyverification.com](mailto:cs@pharmacyverification.com) or call (866) 567-9314.



**Step 2.** Once logged in, click on the **EFT Enrollment** link in the top menu.



**Step 3.** To add a bank for EFT processing, click the **Add Bank** button.

MedImpact EFT Information - Banking Information

**EFT Application** Add Bank

**Banking Information**

| MedImpact Chain Id     | User | Bank Name | Account Number | Status | Last Updated | Action |
|------------------------|------|-----------|----------------|--------|--------------|--------|
| No records to display. |      |           |                |        |              |        |

Page Size: 20 50 100

To change your banking information for Chain code, you must 'Disenroll' and then re-enroll with the new banking information.

**Actions**

- Print Agreements
- MedImpact Pharmacy Portal

**Step 4.** The **User Agreement** and **Bank Enrollment Confirmation Agreement** will be available on screen. The option to print both agreements is available for your review prior to completing the EFT setup process. Upon review of both agreements, check the box for “I have read and accept all of the agreements to enroll in MedImpact EFT” and click the **Accept** button.

MedImpact EFT Information - Banking Information

**EFT Application** Add a Bank - Agreements

**Banking Information**

**Payments**

**Users**

**Actions**

- Print Agreements
- MedImpact Pharmacy Portal

User Agreement Print

Last Updated August 1, 2012  
TERMS AND CONDITIONS

Welcome to the website hosting MedImpact Healthcare Systems, Inc.'s Electronic Fund Transfer ("EFT") program (the "Site"). The Site is provided by MedImpact Healthcare Systems, Inc. ("MedImpact") and hosted by ChainDrugStore.net, a Delaware

Bank Enrollment Confirmation Print

Please allow up to 24-72 business hours for your vendor profile to be updated and reflect EFT as your payment method. Any pharmacy reimbursements due to your pharmacy during this 24-72 hour transition period will continue to be sent via hard copy check. If you have any questions please contact MedImpact support at 1-800-788-2949.

I have read and I accept all of the agreements to enroll in MedImpact EFT

Accept Cancel

**Step 5.** Enter your contact information and click the **Continue** button.

### MedImpact EFT Information - Banking Information

|                           |
|---------------------------|
| <b>EFT Application</b>    |
| Banking Information       |
| Payments                  |
| Users                     |
| <b>Actions</b>            |
| Print Agreements          |
| MedImpact Pharmacy Portal |

### MedImpact EFT Information - Contact User Information

First Name \*

Last Name \*

Address 1 \*

Address 2

City \*

State \*

Zip \*

Phone \*

Ext:

xxx-xxx-xxxx / (xxx)xxx-xxxx / xxxxxxxxxx

Fax \*

xxx-xxx-xxxx / (xxx)xxx-xxxx / xxxxxxxxxx

Email \*

**Step 6.** To add your bank information, select the applicable MedImpact Chain ID for EFT payments. The option is available to select multiple MedImpact Chain IDs for one bank account setup. Once one or more MedImpact Chain IDs are selected, click the **Continue** button.

### MedImpact EFT Information - Banking Information

| EFT Application  | Add a Bank - Pharmacy Information  |               |             |           |       |       |     |       |
|--|--|---------------|-------------|-----------|-------|-------|-----|-------|
| Banking Information  | MedImpact Chain Id   | Name          | Address     | City      | State | Zip   | TIN | NCPDF |
| Payments   | <input checked="" type="checkbox"/> 123456   | Pharmacy Inc. | 453 Main St | San Diego | CA    | 92029 |     | View  |
| Users  | Don't see your MedImpact Chain ID here? <a href="#">Click here</a> to enter one Manually |               |             |           |       |       |     |       |
| <div style="float: right;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div> |  |               |             |           |       |       |     |       |

If you don't see your MedImpact Chain ID, click the **Click here** link to manually enter your MedImpact Chain ID information. Then click the **Add** button.

### Manually Add MedImpact Chain ID

MedImpact Chain ID \*

*Only one MedImpact Chain Id can be entered at a time. To add multiple, finish all steps for one ID and click 'Add' again.*

#### Payment Address

Please enter the payment address exactly as it appears on your paper checks.

Address 1 \*

Address 2

City \*

State \*

Zip Code \*

CHAIN # 00000000001

MEDIMPACT HEALTHCARE SYSTEMS  
10680 TREENA STREET  
SUITE 155  
SAN DIEGO, CA 92131

City State ZIP Code

MedImpact Chain ID

Address 1

Address 2

*If you need assistance finding the right address, click 'Help' to contact MedImpact*

**Step 7.** The Bank Information screen will appear. It may be helpful to have a check or deposit slip available to identify information needed to setup bank account information. Enter the **Bank Name**, **Routing Number** and **Account Number**. Then click the **Continue** button.

Once the bank information has been submitted, a status of **Pending** will appear. Pending identifies the pharmacy bank account information is being verified and validated by MedImpact and its bank. **Please allow 48-72 hours for bank validation and a challenge deposit that will be sent to your bank account.**

| MedImpact Chain Id | User     | Bank Name | Account Number | Status  | Last Updated | Action           |
|--------------------|----------|-----------|----------------|---------|--------------|------------------|
| 123456             | Jane Doe | US Bank   | XXXXXX1234     | Pending | 8/9/2017     | Validate Deposit |

Page Size: 20 50 100

To change your banking information for Chain code, you must 'Disenroll' and then re-enroll with the new banking information.

**Step 8.** An email notification will be sent to your email address within 48 to 72 hours following submission of your pharmacy bank information to log back and validate the challenge deposit. Click the **Validate Deposit** link.

### MedImpact EFT Information - Banking Information

- EFT Application
- Banking Information
- Payments
- Users

- Actions
- Print Agreements
- MedImpact Pharmacy Portal

Add Bank

| MedImpact Chain Id | User     | Bank Name | Account Number | Status  | Last Updated | Action  |
|--------------------|----------|-----------|----------------|---------|--------------|---|
| 123456             | Jane Doe | US Bank   | XXXXXX1234     | Pending | 8/29/2017    | <a href="#" style="color: #0056b3; text-decoration: none;">Validate Deposit</a> |

Page Size: 20 50 100

To change your banking information for Chain code, you must 'Disenroll' and then re-enroll with the new banking information.

Enter in the exact amount of deposit to the pharmacy bank account (e.g. 0.20 or .20), then click the **Submit** button.

### Validate Deposit

A deposit has been made to the listed account for each of the Chain id's. To confirm enrollment in the EFT program, please enter this amount in the field below:

**MedImpact Chain Id:**

**Bank Name:**

**Account Number:**

**Challenge Deposit:**

Submit
Cancel

After successful submission of the deposit amount, the EFT enrollment will change from **Pending** to **Active**.