

Disclosure Undertaking Form

Greetings,

We,....., undertake to disclose names and accreditation numbers of pharmacies that are dealt with and that provide their services regarding medications, medical materials, supplies and equipment and provide the Council regularly with the updates in this respect.

We,....., also undertake that the bills of medications, medical materials, supplies and equipment that are submitted to insurance companies and TPA companies for outpatient clinics and covered under the provisions of the unified insurance policy are bills for accredited pharmacies or those applying for accreditation to the Council. In case that bills belong to unaccredited pharmacies, this shall be considered a violation of the terms of granting the accreditation, which gives the Council the right to take the appropriate statutory measures, including considering the continuity of business practice with the accreditation granted to us, in whole or in part.

We also undertake to provide the Council with data and information as may be requested regarding what is referred to in this undertaking.

Sincerely,

Name:

Title:

Date: \ \20 G

Signature: