



## Instructions for Completion of the Provider Agreement

If you are a member or associate member of the LTCPA:

- Please download the Network Provider Agreement
- Photocopy the Agreement
- Fill in the pharmacy information
- Sign the agreement (two originals)
- Mail two (2) originals of the Agreement to:

Long Term Care Pharmacy Alliance  
Suite 1000  
1025 Connecticut Ave., NW  
Washington, DC 20036

- A countersigned original will be returned for your records
- You will be contacted by LTCPA or ACS to provide pharmacy identification information for reimbursement

If you are not a member or associate Member of the LTCPA:

- Please download the Out-of-Network Agreement
- Follow the steps outlined above

For more information call the LTCPA at: (202) 327-5478