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Susana Gween  
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Deerfield Beach, Florida 33442  
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December 1, 2016

RE: 2017 Wholesale Distributor Accreditation Requirement Extension

Susana Gween,

OptumRx is providing an updated version for extension to our requirements related to sourcing of medications from accredited wholesale distributors. The information you previously provided satisfied our expectations to grant a CONTINUED TEMPORARY EXTENTION to the requirement through January 1, 2017 and will expire on March 31, 2017. Additional extensions after the March 31<sup>st</sup> date will be managed by OptumRx on a one-off basis and additional information will be provided to those wholesalers still awaiting VAWD accreditation.

**With the granting of this extension, the wholesaler agrees that OptumRx may inquire to the status of the VAWD accreditation with NABP for the sole purpose of gaging the status of completion for the VAWD accreditation. Any change in that status that would indicate your organization will not achieve VAWD accreditation should be immediately communicated to OptumRx.**

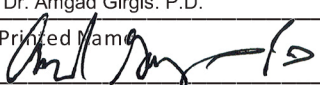
You may utilize this notice once executed to assure our contracted Network Pharmacy Providers that you are able to continue to act as a distributor to provide covered products through the date of the CONTINUED TEMPORARY EXTENTION noted above (January 1, 2017 – March 31, 2017).

This is a continued interim extension and is only for the period of time indicated above. OptumRx maintains that our contracted Network Pharmacy Providers must source medications from an accredited source. This interim extension may be revoked at any time at the sole discretion of OptumRx. If there are any questions or concerns please contact the credentialing department at [credentialing.contracting@optum.com](mailto:credentialing.contracting@optum.com).

Sincerely,

LK  
Credentialing Department  
OptumRx

Please provide your printed name, title and signature in agreement to the terms outlined above.

Dr. Amgad Girgis, P.D.  
\_\_\_\_\_  
Printed Name  
  
\_\_\_\_\_  
Signature

President  
\_\_\_\_\_  
Title  
12/1/2016  
\_\_\_\_\_  
Date