TENNESSEE LOW-VOLUME PHARMACY
CERTIFICATION FOR 2026

Period Covered: _____

In accordance with Tennessee Code Section 56-7-3206(f) and Tennessee Department of Commerce and Insurance Rule 0780-01-95-.10, the undersigned attests to the following:

Pharmacy: _____

Address: _____

NCPDP number: _____

NPI Number: _____

Number of Prescriptions Filled During Period: _____

Based on the number of prescriptions filled between July 1, 2024, and June 30, 2025, as evidenced by the (attached) screenshot report, Pharmacy is entitled to the low-volume pharmacy dispensing fee described in Tenn. Code Ann. §56-7-3206(f).

Based on the above, it is anticipated that Pharmacy will dispense fewer than 65,000 prescriptions during calendar year 2026. In the event Pharmacy no longer meets the requirements for the enhanced dispensing fee, Pharmacy will immediately notify RxPreferred Benefits, LLC ("RxPreferred") at info@rxpreferred.com. RxPreferred may recoup enhanced dispensing fees paid to Pharmacy when Pharmacy does not qualify as a low-volume pharmacy by offsetting paid enhanced fees against any future payments to Pharmacy.

Pharmacy understands that this Certification is valid only for calendar year 2026. If Pharmacy does not submit an updated Certification for calendar year 2027, Pharmacy will be presumed to be a high-volume pharmacy and will not be paid an enhanced dispensing fee for calendar year 2027. This Certification is accurate to the best of the knowledge of the individual submitting the Certification on behalf of the Pharmacy. The undersigned is duly authorized to execute this Certification and fully binds Pharmacy to the terms of this Certification.

By:_____

Print Name:_____

Print Title:_____

Date:_____

Phone Number: _____

Email: _____