

# CLIENT OF WHOLESALER/DISTRIBUTOR



## Product Return Form

This form must be completed and submitted for each return by Customer account. An accurate Facility DEA number or other identifier for the Customer seeking reimbursement for returned product must be included. Failure to supply this information may lead to a refusal of credit being issued.

This form is intended for customers, who purchase Merck products from Merck Approved Wholesalers or Distributors, pursuant to the **Merck Standard Terms and Conditions of Sale** as a Client of Direct Purchasing Customer.

Please fill out the following form. Unless otherwise indicated, all information is **required**.

### Section 1 - Information on Customer of Wholesaler/Distributor Returning Product

Please enter information of the location returning Merck product.

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Include suite or room if applicable.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility DEA #: \_\_\_\_\_ Other Identifier # (optional): \_\_\_\_\_

Example: Health Industry Network (HIN) number

Debit Memo/PO (optional): \_\_\_\_\_

You may attach any corresponding invoices, or include Debit Memo/PO information for these returns, in order to expedite processing.

### Section 2 - Information on Wholesaler/Distributor

Please enter the company name and address of the Wholesaler or Distributor for these Merck Product(s). The Wholesaler/Distributor must be a Merck Authorized Distributor who purchases directly through Merck.

**FAILURE TO PROVIDE WHOLESALER/DISTRIBUTOR INFORMATION MAY RESULT IN A DENIAL OF CREDIT.**

Name of Wholesaler/Distributor: \_\_\_\_\_

Street Address: \_\_\_\_\_

Include suite or room if applicable.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**On the next page, please indicate the products to be returned.**

#### Mail all products to:

Merck c/o PharmaReturns, Inc. Processing Center

100 Corporate Dr

Suite 2

Montgomeryville, PA 18936-9644

**The first two pages of this form MUST be included with the product. You do not need to return the Form Instructions page.**

The Returning Party will pay for all transportation charges and must adhere to the proper postage charges. Merck & Co. will not pay or give reimbursement for transportation, service, handling, or processing fees.

Credit for returns will be issued to provided Wholesaler/Distributor within **6-8 weeks**.

All Merck products must be returned using a delivery service with an ability to track the package (e.g., UPS or Federal Express). All packaged products should be packed in order to ensure all product and product caps remain intact in transit. Credit is given only for product that is returned intact and received by Merck & Co., c/o PharmaReturns, Inc. Any credit will be determined by the shipment received by the PharmaReturns, Inc. Processing Center.

### THIS PRODUCT IS NOT FOR RESALE.

By submitting this form to Merck & Co., c/o PharmaReturns, Inc., Customer authorizes PharmaReturns, Inc. and Merck to release the DEA registration number provided above as necessary to process product returns.

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## Product Return Form



Product Name	NDC #	Lot #	QTY/# of Doses*

\* Please indicate if the number in this column is the number of boxes, units, or doses.

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Merck c/o PharmaReturns, Inc. Processing Center  
100 Corporate Dr  
Suite 2  
Montgomeryville, PA 18936-9644

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## Product Return Form FORM INSTRUCTIONS

You do not need to return this page.

### General Instructions for Customers

To better serve our customers, Merck is providing the following guidelines. These guidelines are to be used by Customers returning Merck products purchased from Merck Authorized Wholesalers or Distributors.

- a. All returns must be accompanied by a completed Merck Expired Product Return Form for Client of Wholesaler/Distributor. Failure to provide a completed form may result in no reimbursement for returned Product.
- b. All returns must be returned using a delivery service with an ability to track packages and must be packaged to protect contents during transit.
- c. Shipments spanning multiple containers must have each carton clearly numbered as: 1 of 10, 2 of 10, etc.
- d. The returning party will pay all transportation charges. Merck will not pay or give reimbursement for transportation, service, handling, or processing fees.
- e. By filling out and submitting the Merck Expired Product Return Form for Client of Wholesaler/Distributor to Merck, c/o PharmaReturns, Inc., the Customer authorizes PharmaReturns, Inc. and Merck to release the DEA registration number(s) provided on the form as necessary to process product returns and agrees that this use of the DEA registration number(s) provided above is compliant with applicable state law. Failure to supply this information could result in no credit being issued.

### Guidelines for Completing the Merck Product Return Form

#### **Section 1: Customer of Wholesaler/Distributor Returning Product**

Definition of Customer: An entity that purchased Merck product from a Wholesaler/Distributor.

Definition of Facility DEA: A DEA number tied to the location of a Customer, and not to an individual Healthcare Provider (HCP).

Complete Section 1 as follows:

1. Enter the Customer's name, street address, city, state, and zip code.
2. Enter the DEA number of the Customer. If the Customer has a HIN and/or Other Identifier, include. The DEA number, HIN, and/or Other Identifier number must be for the Customer, who purchased Merck product indirectly through a Wholesaler/Distributor. The DEA number must be tied to the Customer's location and not a DEA number for a specific Healthcare Provider (HCP).
3. Enter the complete debit memo number (or PO number) associated with each customer's return.

#### **Section 2: Wholesaler/Distributor**

Definition of Wholesaler/Distributor: A licensed wholesaler or physician distributor that purchases pharmaceutical or vaccine product directly from Merck.

Complete Section 2 as follows:

1. Enter the name, street address, city, state, and zip code of the Wholesaler/Distributor.

#### **Section 3: Products to be Returned**

Complete Section 3 as follows:

1. Enter the Product Name, NDC and Lot for each product to be returned.
2. Indicate the amount of the specific Product Name/NDC/Lot to be returned. For each amount, please indicate if the number references boxes, units or doses.
3. A separate packing slip may be provided in lieu of filling out this information. The separate packing slip must include the above information.

**Note: Any credit for returned products will be ultimately determined by the shipments received by the PharmaReturns, Inc. Processing Center.**

Mail Returned Product to the address indicated on the form.

#### **Contact Information:**

For more information or additional questions, please contact the Order Management Center at 800.MERCK.RX (800.637.2579). The Order Management Center is open Monday through Friday, 8 AM – 6 PM ET, excluding holidays.

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