

## **Addendum 1 – Merchant Vendor and Transaction Fees**

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Addendum to the Pharmacy Service Agreement between Lexington-Fayette Urban County Government and On-Site Rx, Inc dated January 2019.

This Addendum shall go into effect between On-Site Rx and Lexington-Fayette Urban County Government (CLIENT) as of the signature date.

- a. **Credit Card Payment Systems** - On-Site Rx shall enter into an agreement with such credit card processing entities as is necessary for debit and credit cards as well as flexible spending accounts (FSA) to be accepted at the pharmacy.
- b. **Responsibility of Fees** – The payment of credit card transaction fees shall be the responsibility of the CLIENT. Such Fees are pass through to CLIENT as calculated by credit card processor.
- c. **Billing and Deposits** – Not less than monthly, On-Site Rx shall initiate a deposit to CLIENT’s bank account for the prior month’s deposits minus the amount of transaction fees and sales tax incurred for such transactions. Supporting documentation will be provided to CLIENT.
- d. **Equipment** - Provision and costs of associated equipment (e.g., card readers and keypads) as well as associated software shall be the responsibility of On-Site Rx.
- e. **Service Guarantees** - On-Site Rx makes no warranty that such credit card systems shall be uninterrupted or error free.
- f. **Choice of Vendor** – CLIENT understands that On-Site Rx shall hold the relationship with the merchant processing vendor and that such relationship is predicated upon multiple factors, some of which are outside of On-Site Rx’s direct control. On-Site Rx warrants that they will make good faith efforts to obtain favorable terms with merchant processing vendor. Such terms shall contemplate cost-effectiveness for CLIENT, functionality for members, and compatibility with pharmacy software platform. CLIENT shall have no power to demand service standards or elements of On-Site Rx’s agreement with vendor.

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LEXINGTON-FAYETTE URBAN  
COUNTY GOVERNMENT

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Signature

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Printed Name

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Title

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Date

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Address

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City            State            Zip Code

ON-SITE RX, INC.

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Signature

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Printed Name

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Title

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Date

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Address

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City            State            Zip Code