



MED-KEY
Healthy Discounts Program

Letter of Agreement

As a participating business in the MedKey Healthy Discounts Program, I agree to provide the specified discount on the items or services listed below to customers presenting an Upstate Carolina Medical Center MedKey card at the time of purchase.

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Description of Discount: \_\_\_\_\_

Upstate Carolina Medical Center agrees to publish the name and location of the Company to MedKey cardholders along with the discount offered.

This agreement may be terminated by either party, with or without cause, upon thirty (30) days notice via mail, email or facsimile. This agreement may not be amended except in writing and signed by both parties.

Company Representative Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UCMC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a copy of this form for your records and mail or fax the original to:

Dottie Spencer
Upstate Carolina Medical Center
1530 N. Limestone Street
Gaffney, SC 29340
(864) 487-1605
(864) 487-0948 Fax
dottie.spencer@hma.com

