



Supplier Application

Capstone Health Alliance encourages all potential suppliers to apply for consideration to be a Capstone Health Alliance preferred vendor. Please understand that submitting an application does not ensure your company will be awarded a preferred relationship; rather, if your application is accepted your company will be deemed eligible to compete in the applicable categories.

I. Company Information:

Name: _____

Address: _____

Phone: _____

Website: _____

II. Primary Contact:

Name: _____

Address: _____

Phone: _____

Email: _____

III. Product/Service (description)

IV. General Information:

a) Ownership: Public Private

b) Please provide a brief history of your company:



c) Is the company classified as a HUB (small, minority, woman owned, veteran owned) supplier?
Yes No

d) Are any of your product lines 100% made in the U.S.?
Yes No

e) Has the company been excluded from participation in Medicare, Medicaid or any state reimbursement programs?
Yes No

f) Does your company have approval from all federal, state and local governments in the US?
Yes No

g) Does your company serve Non-Acute Facilities as well as Acute Care Hospitals?
Yes No

h) How many sales representatives does your company have? _____

i) Does your company serve our entire membership geography?
Yes No

j) Are your products available direct, through distributors, or both? _____

k) Is your company utilizing Global Health Exchange (GHX)?
Yes No

l) Please list all Group Purchasing Organizations and contract numbers your company currently has contracts with in the space provided below:

Once you have filled out the form, please **save** the file and submit the completed application form by email to:

Capstone Health Alliance
Attn: Ashley Bishop
Email: abishop@capstonehealthalliance.com

Thank you for your interest in Capstone Health Alliance.