



# 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. Capstone Membership Information:

a) Do you currently work with any Capstone members?

Yes

No

b) What is your current spend within the Capstone membership? \_\_\_\_\_

IV. General Information:

- a) Ownership:   Public                      Private
- b) Is the company classified as a HUB (small, minority, woman owned, veteran owned)?  
                Yes                              No
- c) Are any of your product lines 100% made in the U.S.?  
                Yes                              No
- d) Has the company been excluded from participation in Medicare, Medicaid or any state reimbursement programs?  
                Yes                              No
- e) Does your company have approval from all federal, state and local governments in the US?  
                Yes                              No
- f) Does your company serve Non-Acute Facilities as well as Acute Care Hospitals?  
                Yes                              No
- g) How many sales representatives does your company have? \_\_\_\_\_
- h) Does your company serve our entire membership geography?  
                Yes                              No
- i) Are your products available direct, through distributors, or both? \_\_\_\_\_
- j) What is your current marketshare within the market? \_\_\_\_\_
- 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:

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m) Please provide a brief history of your company:

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

Capstone Health Alliance  
Attn: Phyllis Wessner  
Email: [pwessner@capstonehealthalliance.com](mailto:pwessner@capstonehealthalliance.com)

You may also fax the completed form to (828) 667-8228.

Thank you for your interest in partnering with Capstone Health Alliance.