



Supplier Application

Capstone Health Alliance encourages all potential suppliers to apply for consideration to be a Capstone Health Alliance preferred vendor. Please understand that applying 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:

Do you currently work with any Capstone members (access to the membership roster can be found on the website)?

What is your current spend amount within the Capstone membership?



Are your products available direct, through distributors, or both?

What is your current marketshare within the market?

Is your company utilizing Global Health Exchange (GHX)?

Has your company ever been listed on any of the following databases?

- Federal Government's Excluded Parties List (ELPS)- which contains the General Services Administration's comprehensive list of excluded providers for all federal programs

- Office of Inspector General (OIG)- which contains a listing of excluded healthcare industry providers

- Treasury Department's list of Specially Designated Nationals (OFAC)- which contains a list of individuals and companies owned or controlled by, or acting for or on behalf of, targeted countries. (which include terrorist organizations and organizations associated with countries with sanctions/embargoes)

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



Please provide a brief history of your company:

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

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

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