



## 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)

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### IV. Capstone Membership Information:

Do you currently work with any Capstone members (for a complete roster of owned/leased/managed facilities, please contact [info@capstonehealthalliance.com](mailto:info@capstonehealthalliance.com))?

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What is your current spend amount within the Capstone membership?

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How many sales representatives does your company have?

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Does your company serve our entire membership geography?

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

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What is your current marketshare within the market?

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Is your company utilizing Global Health Exchange (GHX)?

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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  

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

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- 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)  

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**CAPSTONE**  
HEALTH ALLIANCE

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

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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: Ashley Bishop  
Email: [abishop@capstonehealthalliance.com](mailto:abishop@capstonehealthalliance.com)

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