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Dear Supplier:

OhioHealth is a nationally recognized, not-for-profit, charitable, healthcare outreach of the United Methodist Church. Based in Columbus, Ohio, OhioHealth is currently recognized by FORTUNE Magazine as one of the “100 Best Companies to Work for.” Serving its communities since 1891, it is a family of 29,000 associates, physicians and volunteers, and a network of 11 hospitals, 60+ ambulatory sites, hospice, home-health, medical equipment and other health services spanning a 47-county area.

OhioHealth
- Mission: To improve the health of those we serve
- Values: Compassion, Excellence, Stewardship and Integrity
- Cardinal Value: To honor the dignity and worth of each person
- Vision: To be the place where people want to work, where physicians want to practice and most importantly, where patients want to go when they need healthcare services.

Supply Chain Services
- Vision: To establish supply chain management as a core competency that enhances OhioHealth's commitment to clinical and operational excellence and provides a competitive advantage in the marketplace.

Care site locations include OhioHealth Riverside Methodist, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Grady Memorial, OhioHealth Dublin Methodist, OhioHealth Hardin Memorial, OhioHealth Marion General, OhioHealth O'Bleness Hospital, OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital plus 60+ outpatient locations, one managed location and four affiliate hospitals. For more information, please visit our website at www.ohiohealth.com.

This handbook and other supplier information can be found on www.ohiohealth.com/for-vendors.

We look forward to your contributions to our continued success. After reviewing the enclosed handbook, please contact OhioHealth Supply Chain at 614-788-0266 if you have any questions or concerns.

Regards

Jamie Yolles
Executive Director Strategic Sourcing
Supply Chain Services
1. **INTRODUCTION**

The purpose of this handbook is to outline the details necessary for a supplier to do business with OhioHealth. This handbook is intended to be the primary on-boarding document that suppliers can reference in order to become familiar with processes that will improve communication with OhioHealth as well as inform suppliers about Procurement and Accounts Payable policies and procedures that should be followed.

OhioHealth Supply Chain offices are centrally located in Columbus, Ohio. The central phone number is (614) 788-0266. The FAX number is (614) 788-0361. The office hours are Monday through Friday, 8 a.m. – 4:00 p.m. (except holidays). Suppliers are seen by appointment only during these hours.

OhioHealth requires that all active suppliers providing services within patient services areas of OhioHealth facilities provide and maintain appropriate credentials specific to competency and preventative health. To meet Joint Commission and Health Insurance Portability and Accountability Act (HIPAA) requirements, all supplier representatives entering an OhioHealth facility must also understand and abide by OhioHealth’s policies and procedures for Confidentiality, Infection Control, Supplier Relations, and Safe Environment of Care.

This handbook provides all the information you will need to become a compliant supplier.

2. **SUPPLIER CREDENTIALS PROGRAM**

OhioHealth requires active suppliers (suppliers who are providing supplies or services to OhioHealth and are being paid by OhioHealth) register within a supplier credentialing system, Vendormate, [http://www.ohiohealth.com/for-vendors](http://www.ohiohealth.com/for-vendors). If you meet the following criteria, you must register:

- Visiting an OhioHealth hospital or facility that has a Vendormate kiosk
- Visiting an OhioHealth facility that tracks supplier visits

If you are a supplier who will be badged by OhioHealth, your company must also maintain a current and compliant Vendormate profile. A badge will be provided at the discretion of a supervisory OhioHealth Associate and will be subject to OhioHealth Protective Services policy PS-2300.004.

Should any questions arise during the registration process, a phone number is provided on the Vendormate website.

Joint Commission requires that all supplier visitors to OhioHealth are accounted for during their time visiting a facility and properly trained and credentialed for the services provided. Supplier registration also requires vaccinations including annual flu, TB, as well as others. These requirements are in place in order to ensure patient safety.

3. **SUPPLIER SANCTION CHECKS AND COMPLIANCE**

All OhioHealth suppliers (including officers, directors, and employees) must be eligible to participate in the Federal Health Care Programs as defined in 42 USC § 1320a-7b(f) (the “Federal Health Care Programs”). Any change to this status must be communicated to OhioHealth.

OhioHealth independently verifies this status on a monthly basis and may request additional information from suppliers as necessary.
4. Independent Contractors

OhioHealth follows a process for appropriate classification of an individual as an employee or independent contractor for taxation and other insurance purposes. In all cases, assessment of an individual’s proper worker classification status must be made, prior to the individual beginning any work for OhioHealth.

Processing time may be three weeks or greater, depending on the need for background checks and other onboarding requirements.

5. Physician-Ownership Distributorships (PODS)

OhioHealth’s policy has certain restrictions on entering into relationships with vendors or distributors owned or controlled by physicians or that have certain financial relationships with physicians. Supplier warrants and represents that (a) it is not owned or controlled by any physician licensed to practice medicine, excluding ownership of publicly traded stock in the Company; (b) it shall not offer ownership or control to any physician licensed to practice medicine; (c) it does not compensate physicians based on the volume or value of purchases OhioHealth makes in an agreement, compensate physicians due to OhioHealth entering into an agreement and (d) it does not otherwise have a compensation arrangement with a physician licensed to practice medicine.

6. Supplier Setup and Maintenance

The process of setting up new suppliers or maintaining existing supplier files is managed by Supply Chain. An OhioHealth supplier number is required for all payments made by OhioHealth. In order to obtain a supplier number, Supply Chain will request that the supplier completes and submits a W-9 and Supplier Information Form which is then processed by Supply Chain. If a supplier needs to update their information they should submit an updated W-9 and Supplier Information Form.

The form and instructions are detailed in the Reference Materials section of this handbook and www.ohiohealth.com/for-vendors/.

7. Procurement of Goods and Services

7.1 Purchase Order

Purchase orders (PO's) are the only approved methods OhioHealth uses for procuring goods and services.

- PO numbers must appear on all shipments, packing lists and invoices. Verbal authorization from OhioHealth associates and verbal PO numbers are not permitted; the only exception is if communicating a “blanket” or “open” purchase order.

- Engaging in services or providing goods without a valid OhioHealth PO number is against policy and could result in delayed or no payment.

- Once issued, a PO will be dispatched to the supplier via fax, email, EDI, or as specified on the Supplier Information Form. Exception: “Blanket or “Open” PO numbers will be verbally communicated, rather than dispatched.
• OhioHealth standard terms and conditions apply to all goods and services procured by OhioHealth unless superseded by a pre-existing contract between OhioHealth and the supplier.

• OhioHealth only pays for materials and services specified on the PO. OhioHealth does not pay for goods shipped in excess of the specified quantity or for work that is not specified on the PO.

• Supply Chain Services must approve changes to specifications (quantity, price, delivery, and scope of work, etc.) via an approved PO change order or contract amendment.

7.2 Purchase Order Questions
The OhioHealth department associates who initiated the PO for the supplier should be the primary contact for any questions and can provide PO information if needed.

8. Payment Procedures

8.1 Supplier Invoice
All suppliers providing goods or services to OhioHealth in the normal course of business are required to provide an acceptable invoice. A statement or quote is not appropriate documentation, an actual invoice must be provided. Payment processing may be delayed if invoices have missing or incorrect information.

All supplier invoices must include the following information on the invoice:

• Valid OhioHealth PO number
• Supplier name and remit address
• Invoice number
• Invoice date
• Payment terms
• Item/service description (must match PO)
• Quantity ordered (must match PO)
• Unit of Measure (must match PO)
• Prices and total cost for each product/service (must match PO)
• Discounts
• Shipping/handling/freight (must follow OhioHealth’s Freight Program)
• Separate labor from materials/parts (must match PO)
• Address where product was shipped
• The name of the OhioHealth department associate initiating the purchase

8.2 Invoice Requirements
Invoices should be submitted directly to OhioHealth Accounts Payable. Do not send invoices directly to OhioHealth associates or departments. Doing so will delay payment.

OhioHealth’s preferred manner to receive invoices is by electronic submission.

1. Steps to submit electronically:
   Create an email to invoices@ohiohealth.com
   • Attach invoice using PDF or similar file type.
   • Only one invoice per PDF.
   • If invoice is multi-page, all pages must be in one attachment
• Do not use the body of the e-mail for questions/comments. Only the attachments are viewed.
• Please send all non-invoice correspondence to OHAccountsPayable@ohiohealth.com.

2. Postal mail submission:
OhioHealth Accounts Payable
PO Box 9
Columbus, OH 43216

8.3 PAYMENT TERMS
OhioHealth payment terms are net fifty-five (55) days. OhioHealth will pay the supplier in accordance to the pre-agreed terms after receipt of a valid invoice. Invoices submitted that do not contain all the required information are deemed incomplete and will not be processed.

8.4 CHANGES TO PAYMENT TERMS
Payment terms may only be modified when agreed to in a specific acknowledgement signed by a Supply Chain representation and an authorized representative of the supplier.

8.5 PROCESSING PAYMENT
1. Credit Card Payment
   a. Accounts Payable utilizes a single-use account to issue payments by credit card.
      
   b. Once AP receives the completed credit card application (forms can be found in the Reference Materials section of this handbook) you will receive three emails.
      
      1. 1st email: OhioHealth will email you the first seven digits of the credit card (you will need this number to complete the credit card set up process).
      
      2. 2nd email: JP Morgan Chase will send the CVV code.
      
      3. 3rd email: JP Morgan Chase will provide the last 9 digits of the credit card.

2. ACH - Direct Deposit
   a. AP department has the authority to direct deposit your payments into your bank account (forms can be found in the Reference Materials section of this handbook).
      
   b. Ensure the email address portion of the form is completed and correct. AP will send your payment confirmation to this email address.

3. Paper Check
9. **Gifts and Favors**

OhioHealth associates shall not seek or accept directly or indirectly any gift, payment, fee, service, rebate, valuable privilege, discount, trip, vacation, loan (other than conventional loans from a lending institution), or other favor, from any person or business organization that is seeking to do business with OhioHealth.

10. **Insurance Provisions**

It is OhioHealth’s policy that Supplier maintains, at its expense, appropriate professional liability coverage for its employees (commercial or self-insurance) for all services rendered pursuant to this Agreement, with coverage limits of at least $1 Million per claim and $3 Million per year. Supplier shall agree to indemnify and hold harmless OhioHealth for any claim, expense (including attorney fees), or liability based upon, or arising from, any acts or omissions by Supplier or by its employees or agents. Upon request, Supplier will provide proof of liability coverage to OhioHealth upon written request. Supplier shall agree to indemnify and hold harmless OhioHealth for any claim for Worker’s Compensation asserted against the OhioHealth by any person provided by Supplier pursuant to this Agreement.

Supplier must provide Certificates of Insurance showing coverage as listed below.

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Limits</th>
<th>Policy Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>$2,000,000.00</td>
<td>Certificate of Insurance shall be provided at OhioHealth’s request</td>
</tr>
<tr>
<td>Employers Liability</td>
<td>$1,000,000.00</td>
<td></td>
</tr>
<tr>
<td>Automobile Liability</td>
<td>$1,000,000.00</td>
<td></td>
</tr>
</tbody>
</table>

11. **Supplier Diversity Philosophy**

OhioHealth’s vision and values celebrate the diversity of its people and community. In keeping with our values of integrity, compassion, excellence and stewardship, we are committed to identifying opportunities and increasing participation of certified diverse business enterprises (DBEs).

We will establish business relationship with qualified DBEs that positively impact patient care, community relations and social economics in the communities served by OhioHealth.

- Qualified Diverse Business Enterprises (DBEs) will be identified and included in sourcing processes.
- Preference may be given to diverse suppliers in cases where they did not submit the low bid.
- Smaller specialty contracts may be given preference over system-wide contracts in efforts to accommodate local diverse suppliers.
- Priority will be given to local DBEs, followed by Ohio-based DBEs, then Regional/National DBEs.
- Supplier diversity accountabilities and measurement criteria will be used to increase and monitor DBEs participation.
12. **GROUP PURCHASING ORGANIZATION (GPO)**

OhioHealth’s Group Purchasing Organizations (GPOs) are Excelerate and Vizient.

12.1 **Vizient™**

Vizient™ was founded in 2015 as the combination of VHA Inc., a national health care network of not-for-profit hospitals; University HealthSystem Consortium, an alliance of the nation's leading academic medical centers; and Novation, the health care contracting company they jointly owned. In February 2016, Vizient acquired MedAssets’ Spend and Clinical Resource Management (SCM) segment, which included Sg2 health care intelligence.

12.2 **Excelerate**

Value focused group purchasing organization aligned with Vizient™. Founded by Vizient™ and the Cleveland Clinic Foundation (CCF) as a joint venture LLC. OhioHealth is now an equity owner of Excelerate with Vizient™ and CCF.

13. **LOGISTICS (SUPPLIES)**

**GENERAL OVERVIEW**

OhioHealth uses distributors and direct vendor shipments for supply deliveries at hospital Home Care, and Ambulatory care sites. We desire to optimize the distribution channel in order to drive efficiency and cost savings. All direct deliveries must follow the following instructions.

13.1 **SHIPPING**

OhioHealth utilizes a freight management program for ground and air shipments.

All shipments requested by Hospital are to be shipped Bill 3rd party via Federal Express, with the OhioHealth account number, FOB Destination. Please contact Supply Chain Services for account number information.

All orders placed by Hospital shall be shipped best way and be FOB Destination with no handling, shipping and/or loaner fees charged, unless otherwise previously agreed to.

Suppliers may be asked to comply with a dock appointment schedule. Once a schedule has been established a supplier is expected to contact the dock in advance of any deviation from the assigned schedule or to request a new appointment time.

13.2 **PACKING SLIPS**

All packing slips must contain the following information:

1. Purchase order number,
2. Company product catalog number (if applicable),
3. Packing slip number,
4. Quantity,
5. Unit of measure,
6. Freight carrier (if applicable).
Packing slips must be affixed to the outside of shipment boxes. Line item sequence must match the purchase order line sequence. Company shall also include the lot, serial, item, and catalog number for all Goods subject or potentially subject to the Safe Medical Devices Act. Hospital shall control the disposition of faulty Goods. In addition, Company shall include the appropriate Material Safety Data Sheets with any chemicals and hazardous materials.

13.3 DELIVERY REQUIREMENTS
Specific shipping and delivery instructions are found on each purchase order. Per chart below, holiday hours may vary. The correct OhioHealth purchase order number must be included on the:

1. Packing slip  
2. Carton  
3. Address label

Shipments that are inadequately labeled may be refused and returned at the supplier’s expense. All shipments that require special handling must be coordinated with the Receiving department in advance.

Following are addresses and information for each campus:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Contact Information</th>
<th>Hours of Receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors Hospital</td>
<td>5100 W Broad St, Columbus, OH 43228</td>
<td>614.566.5097</td>
<td>7:30am - 4:00pm</td>
</tr>
<tr>
<td>Dublin Methodist Hospital</td>
<td>7500 Hospital Dr, Dublin, OH 43016</td>
<td>614.544.5000</td>
<td>7:30am - 4:00pm</td>
</tr>
<tr>
<td>Grady Memorial Hospital</td>
<td>561 W Central Ave, Delaware, OH 43015</td>
<td>740.615.2647</td>
<td>7:30am - 4:00pm</td>
</tr>
<tr>
<td>Grant Medical Center</td>
<td>111 S Grant Ave, Columbus, OH 43215</td>
<td>614.566.9227</td>
<td>7:00am - 4:00pm</td>
</tr>
<tr>
<td>Westerville</td>
<td>260 Polaris Parkway, Westerville, OH 43082</td>
<td>614.533.9000</td>
<td>7:00am - 3:30pm</td>
</tr>
<tr>
<td>Pickerington</td>
<td>1010 Refugee Road, Pickerington, OH 43147</td>
<td>614.533.9500</td>
<td>7:00am - 3:30pm</td>
</tr>
<tr>
<td>Riverside Methodist Hospital</td>
<td>3535 Olentangy River Rd, Columbus, OH 43214</td>
<td>614.566.5097</td>
<td>6:00am - 4:00am</td>
</tr>
<tr>
<td>Distribution Center</td>
<td>2601 Silver Drive, Columbus, Ohio 43211</td>
<td>614.788.0331</td>
<td>7:00am - 4:30pm</td>
</tr>
<tr>
<td>Marion General Hospital</td>
<td>1000 McKinley Park Drive Marion, Ohio 43302</td>
<td>740.383.7891</td>
<td>7:00am - 4:00pm</td>
</tr>
<tr>
<td>Marion Medical Campus</td>
<td>1050 Delaware Ave, Marion, OH 43302</td>
<td>740.383.7843</td>
<td>7:00AM - 4:00pm</td>
</tr>
<tr>
<td>Hardin Memorial hospital</td>
<td>921 E Franklin St, Kenton, OH 43326</td>
<td>740.383.7851</td>
<td>7:00AM - 3:00pm</td>
</tr>
<tr>
<td>Mansfield Hospital</td>
<td>335 Glessner Ave, Mansfield, OH 44903</td>
<td>419-526-8000</td>
<td>7:00AM - 3:00pm</td>
</tr>
<tr>
<td>Ontario Distribution Center</td>
<td>1700 Nussbaum Parkway, Mansfield, OH 44906</td>
<td>419-526-8307</td>
<td>7:00AM - 3:00pm</td>
</tr>
<tr>
<td>Shelby Hospital</td>
<td>199 W Main St, Shelby, OH 44875</td>
<td>419-526-8782</td>
<td>8:00 - 1:00pm</td>
</tr>
</tbody>
</table>
13.4 Expiration Dated Goods
OhioHealth will not accept good(s) with an expiration date of less than two years unless prior written approval is given by Supply Chain Services.

13.5 Consignment
OhioHealth may desire to place product at an OhioHealth facility on a consignment basis. A no charge Purchase Order will be issued for the beginning par level inventory. Replenishment product shall be delivered within two (2) days of receipt of no-charge purchase order.

13.6 GTIN
GS1 is an international, not-for-profit association that creates and implements standards to bring efficiency and visibility to supply chains across industries. The GS1 standards for healthcare improve patient safety as well as many aspects of the supply chain. The standards achieve these improvements by assigning products unique numbers called GTINs, by synchronizing supply chain data with the GDSN, and by providing location coding with GLNs.

GTINs (Global Trade Item Numbers) - GTINs are unique, global product-identification numbers. GTINs are usually barcoded on product packaging. They identify the manufacturer, the product, and the unit of measure.

GDSN (Global Data Synchronization Network) - The GDSN is a subscription-based warehouse of certified data that will enable all members of the healthcare supply chain to share common, accurate GTIN and GLN information.

GLNs (Global Location Numbers) - GLNs are unique, 13-digit global numbers that identify physical locations and legal entities such as IONs.

Upon request, suppliers must provide GTIN information to OhioHealth.
### Reference Materials and Forms

**OhioHealth Vendormate Registration Locations**

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution Center (614-788-0266)</td>
<td>Reception lobby</td>
</tr>
<tr>
<td>Doctors Hospital</td>
<td>Surgery waiting area desk</td>
</tr>
<tr>
<td>Dublin Methodist Hospital</td>
<td>Supplier check-in room</td>
</tr>
<tr>
<td>Grady Memorial Hospital</td>
<td>Hallway outside of supply chain storeroom</td>
</tr>
<tr>
<td>Grant Medical Center</td>
<td>1. Main surgery admin 2nd floor</td>
</tr>
<tr>
<td></td>
<td>2. Grant South/Bone &amp; Joint surgery 2nd floor</td>
</tr>
<tr>
<td>Hardin Memorial Hospital</td>
<td></td>
</tr>
<tr>
<td>Mansfield Hospital</td>
<td>Lobby - 335 Glessner Ave</td>
</tr>
<tr>
<td>Marion General Hospital</td>
<td></td>
</tr>
<tr>
<td>Medical Office buildings</td>
<td>Kiosk or information desk</td>
</tr>
<tr>
<td>O’Bleness Memorial Hospital</td>
<td></td>
</tr>
<tr>
<td>Physician Offices</td>
<td>Exempt</td>
</tr>
<tr>
<td>Riverside Methodist Hospital</td>
<td>1. Supplier lounge</td>
</tr>
<tr>
<td></td>
<td>2. Green lobby by Tim Hortons</td>
</tr>
<tr>
<td></td>
<td>3. Cath lab</td>
</tr>
<tr>
<td>Shelby Hospital</td>
<td>Information desk</td>
</tr>
</tbody>
</table>
W-9 Form

Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)

Business name, if different from above

☐ Individual/sole proprietor
☐ Corporation
☐ Partnership
☐ Limited liability company
☐ Other (see instructions)

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Exempt pays

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your Social Security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply.
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply.

Sign Here:

Signature of
U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest paid, acquisition or abandonment of property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a resident alien, to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), and
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. citizen, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax.

Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
# New Supplier Request Form

## Vendor Information

**Vendor Name**

Is your company registered with OHIOHEALTH through the Vendormate portal?

Is your company a diversity vendor?

- If so, please list the diversity type (MBE, WBE, SBE, MWBE, Veteran).
- If so, please list the certification number.
- If so, please list the expiration date.
- If so please also provide a copy of your company’s diversity certificate. Attached separately, if applicable

## Payment Information

Are you able to accept payment by ACH?

If so, please provide your company’s ACH email address.

Are you able to accept payment by credit card?

Does your company require a minimum dollar value to process purchase orders?

Does your company charge a minimum order fee or percentage?

Does your company employ any OhioHealth associates?

Is your company owned by, or does it have any physician ownership?

OhioHealth pays on a Net 55 standard. If you cannot accept Net 55, please provide requested terms and rationale.

## Address Information

<table>
<thead>
<tr>
<th>Address</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>

## Contact Information

What is your preferred PO Dispatch Method? (Email, Fax, Phone, EDI)

Please provide your order from information:

<table>
<thead>
<tr>
<th>Address</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
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Please provide your return to vendor information:

<table>
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<tr>
<th>Address</th>
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ACH Payment Enrollment Form

OhioHealth

ACH Payment Enrollment Form

OhioHealth offers the option of receiving payments via ACH to our vendors. Payments will be electronically deposited into your company’s designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.

Vendor Name: ___________________________
Effective Date: ___________ Date of Request: ___________
Vendor Number: ___________________________ Tax ID Number: ___________________________

☐ ADD ☐ Change to Banking or Contact Information

Vendor Contact Information

Main Contact
Name of Contact: ___________________________
Phone Number: ___________________________
Email: ___________________________

Backup
Name of Contact: ___________________________
Phone Number: ___________________________
Email: ___________________________

Bank Information - ACH

Bank Name: ___________________________
Routing Number: ___________________________
Account Number: ___________________________
Remittance Advice
Email: ___________________________

☐ REMOVE Removing from ACH will move payments to credit card

Authorization:
I certify that the above information is true and correct, and that as a representative for the above named company, I hereby authorize OhioHealth to electronically deposit payments to the designated bank account. This authority remains in force until OhioHealth receives a signed form requesting a change or cancellation.

Printed Name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________

Completed by OhioHealth

Pay Code: ___________________________ AP Signature: ___________________________
OCIS Signature: ___________________________ DUG Signature: ___________________________
Credit Card Payment Enrollment Form

OhioHealth offers the option of receiving payments via credit card through J.P. Morgan Order-to-Pay. Payments are generated by J.P. Morgan and an email is sent to the vendor with the last 9-digit card information and remit detail. Enrolling in credit card payments may reduce net terms. Upon completion of the form, further instructions will be provided.

Vendor Name:__________________________________________
Effective Date:_____________ Date of Request:_____________
Vendor Number:_____________ Tax ID Number:_____________

☐ ADD ☐ CHANGE TO EMAIL

Vendor Contact Information

Name of Contact:________________________________________
Phone Number:________________________________________
Email:__________________________________________________

Back Up

Name of Contact:________________________________________
Phone Number:________________________________________
Email:__________________________________________________

☐ CANCELLATION

NOTE: Removing credit card payments may default to OhioHealth standard terms of Net 30

Authorization:

I certify that the above information is true and correct, and that as a representative for the above named company, I hereby authorize OhioHealth to electronically submit credit card payments. This authority remains in force until OhioHealth receives a signed form requesting a change or cancellation.

Printed Name:_________________________ Title:____________
Signature:_____________________________ Date:____________

Completed by OhioHealth
Pay Code:_________________________ J.P. Signature:_________________________
SOS Signature:_____________________
DIG Signature:_____________________

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