



**SECONDARY MEDICAL-SURGICAL  
AUTHORIZED DISTRIBUTOR SELECTION FORM**

VHA, UHC, Child Health Corporation of America ("CHCA") and Provista members that desire access to distributed Novation product agreements must participate in a medical-surgical distribution agreement and complete this Authorized Distributor Selection Form.

Membership ID Number (MID): \_\_\_\_\_ LIC: \_\_\_\_\_

System/Network Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Director of Materials Management: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Declared Secondary Authorized Distributor:** \_\_\_\_\_

By executing this form, participating member is declaring VHA, UHC, CHCA, and/or Provista as the group purchasing organization of choice for products and distribution services.

Director of Materials Management Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted By: _____	Phone No.: _____
Member ID No.: _____	Date: _____
<b>Submit form online in upper-right corner.</b> OR print, <b>sign</b> and fax all pages to: Novation Contract Administration at 877/NOVAFRM (668-2376). <i>Problems? Contact us at <a href="mailto:novafrm@novationco.com">novafrm@novationco.com</a></i>	