



PRIMARY MEDICAL-SURGICAL AUTHORIZED DISTRIBUTOR SELECTION/ENHANCEMENT 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. 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.

Membership ID Number (MID): _____ LIC: _____

System/Network Name: _____

Facility Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Director of Materials Management: _____

Phone Number: _____

Declared Primary Authorized Distributor: _____

Average monthly spend with distributor: \$ _____ Number of weekly deliveries: _____

Days Sales Outstanding: _____ Payment terms: _____ Pay Term Markup: _____

Member will purchase suture products through this Authorized Distributor. <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, addl. markup: _____ If YES, indicate markup in the table below.	Member will purchase CPT/PBDS products through this Authorized Distributor. <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, addl. markup: _____ If YES, indicate markup in the table below.
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Distribution markups: Firm Variable

CONTRACT PRODUCTS	DISTRIBUTOR PRIVATE LABEL	SUTURE, ENDO, STAPLES, ENERGY	I.V. FLUIDS AND SETS	CPT AND PBDS	NON-TRADITIONAL PRODUCTS

Load markup by category blended markup. If blended, markup percentage: _____ %

Other Services: _____ Markup percentage for service: _____ %

Other Services: _____ Markup percentage for service: _____ %

Member will be utilizing a local/individual contract with Authorized Distributor. Term End Date: _____

Director of Materials Management Signature (Date): _____ (_____)

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