

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

## PROGRAM ENROLLMENT FORM

*Fax completed form to (770) 771-5945 or enroll online at [www.healthcareprocurement.com](http://www.healthcareprocurement.com).*

### **I. LOCATION INFORMATION**

A. Practice/Business Name:

B. Billing Address:

C. City, State, Zip Code:

D. Primary Telephone Number:

E. Primary Contact/Title:

F. Email Address:

G. Specialty

H. Number of Employees

I. Shipping Address(es) (if different from billing):

  

H. How did you find out about HPS?

## **II. PROGRAM PARTICIPATION:**

We would like to enroll to participate in the following HPS Programs:

### **HPS DIRECT PROGRAMS**

- Office Supplies (Office Depot)
- Medical/Surgical Supplies (McKesson)
- Reference Laboratory (LabCorp)
- Anatomical Pathology (Dianon Systems)
- Printing, Charts, Forms and Promotional Products (InHealth)
- Transcription Services (InHealth)
- Payroll Services (Payroll Strategies)
- Telephone and Data Services (Nuvox)
- Disability Insurance (Capstone Financial)
- Coding Books and Publications (MAG Mutual)

### **PREMIER PROGRAMS**

*In order to access these and other Premier contracts, you must be an HPS member, enrolled in Premier and have HPS listed as your Premier sponsor. To check your current status, or to begin the enrollment process, contact your local HPS Business Development Consultant or [don.mcgahee@healthcareprocurement.com](mailto:don.mcgahee@healthcareprocurement.com) or call (770) 953-3026.*

- Wireless Telephone Service (Verizon)
- Overnight Shipping & Freight Services (FedEx)
- Credit Card Processing (Premier Merchant Processing)
- Scrubs, Uniforms, Linens & Patient Apparel (Superior Uniform)

**III. OFFICE SUPPLIES (OFFICE DEPOT):**

A. Who is your current supplier for office supplies?

B. Do you have an existing account with Office Depot?

- Yes                       No

C. If so, what is your Office Depot account number?

D. How would you prefer to place orders? (indicate all that apply)

- Telephone                       Fax                       Internet

**NOTE: In order to place orders via internet, your email address must be provided as requested in section I. above.**

E. Billing Set-up

a) How would you prefer to be billed for your purchases?

- Invoice                       Credit Card

b) If you selected to be billed by invoice above, how would you prefer that your invoices be sent?

- Invoice each order separately.  
 Send me a weekly summary invoice.  
 I will pay based on my monthly account statement.

F. If you will need to make purchases at the Office Depot retail stores, your practice will need a Store Purchasing Card ("SPC") in order to access HPS contract pricing in the stores.

- Please send me an application for an Office Depot Store Purchasing Card.

**IV. MEDICAL/SURGICAL SUPPLIES (McKESSON):**

**A. Who is your current supplier for medical/surgical supplies?**

**B. Do you have an existing account with McKesson?**

Yes  No

**C. If so, what is your McKesson account number?**

**D. How would you prefer to place your orders? (indicate all that apply)**

Telephone  Fax  Internet

**E. Billing Set-up**

**1. How would you prefer to be billed for your orders?**

Invoice  Credit Card

**2. If you selected to be billed by invoice above, how would you prefer that your invoices be sent?**

Invoice each order separately.  
 I will pay based on my monthly account statement.

**V. REFERENCE LABORATORY SERVICES (LABCORP):**

**A. Who is your current provider of reference laboratory services?**


**B. Do you have an existing account with LabCorp?**

Yes

No

**C. If so, what is your LabCorp account number(s)?**

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**D. Primary Laboratory Services Contact (employee)/Telephone Number:**

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