



Date: _____

PROGRAM ENROLLMENT FORM

Please fax completed form to Don McGahee at (770) 771-5945 or e-mail to don.mcgaher@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. Shipping Address(es) (if different from billing):

II. PROGRAM PARTICIPATION:

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

- Office Supplies (Office Depot)
- Medical/Surgical Supplies (McKesson)
- Reference Laboratory Services (LabCorp)
- Printing, Charts, Forms and Promotional Products (InHealth)
- All Four (4) Current HPS Programs

For more information, or to enroll online, go to www.healthcareprocurement.com

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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