

Supplier Interest Form

One pillar of SAHA's success is the cost savings initiatives we pursue through custom contracting on behalf of our membership. SAHA looks for suppliers who can bring high quality products and services at discounted prices based on purchasing volume within the membership. The Southern Atlantic Healthcare Alliance encourages potential suppliers to submit this interest form in order to be considered to be a contracted vendor with SAHA. It’s important to note that submitting an interest form does not guarantee your company will be selected to participate in SAHA contracts. Suppliers are selected based on the needs and preferences of the members, as well as the cost savings opportunities available. A member of the SAHA team will contact you if additional information is needed or if an appropriate RFP is being released in the near future.

**Company Information:**

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

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

Website:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Please describe the product or service:

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Has the company been excluded from participation in Medicare, Medicaid, or any state reimbursement programs? Yes or No

Is your company publicly owned? Yes or No

Does your company have approval from all federal, state, and local governments? Yes or No

What geography does your company serve?

Does your company have pricing contracts with any national GPOs for the proposed product or service? Yes or No

 If yes, please list the GPOs with which your company is on contract:

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Do you currently have a contract with any of SAHA’s members for this product or service? Yes or No

 If yes, please list which hospitals your company has a contract with:

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Thank you for your interest in contracting with the Southern Atlantic Healthcare Alliance.

Please email your completed application to: sbhardwaj@sahalliance.org