PINNACLE HEALTH ALLIANCE GPO MEMBERSHIP APPLICATION

PART I – PROSPECTIVE MEMBER INFORMATION *(all fields are required)* :[1]

Facility Name:_____

Primary Address (No P.O. Boxes):_____
Street Address *City* *State* *Zip*

Phone Number:_____ Website: _____

Primary Contact Name:_____ Primary Contact Title:_____

Phone Number:_____ Primary Contact Email:_____

PART II – MEMBER PRIMARY SERVICE – Choose One *(Required)* :

- ☐ Adult Day Care Center
- ☐ Ambulatory Care Center
- ☐ Assisted Living
- ☐ Behavioral Health – In/P
- ☐ Behavioral Health – Out/P
- ☐ Charity
- ☐ Community Health Center
- ☐ Cont. Care Retirement Comm.
- ☐ Dentistry
- ☐ Dialysis Center
- ☐ DME & Supply Dealer
- ☐ First Responder Freestanding
- ☐ Healthcare Lab
- ☐ Health Plan/HMO/PPO
- ☐ Healthcare Corp. Office
- ☐ Healthcare Mgmt. Svc. Org.
- ☐ Home Health Care Agency
- ☐ Home Infusion
- ☐ Hospice – Home Care
- ☐ Hospice - Inpatient
- ☐ Imaging Center
- ☐ Independent Living
- ☐ Infusion Pharmacy
- ☐ Mail Order Pharmacy
- ☐ Meals on Wheels
- ☐ Medical Association
- ☐ Oncology Center
- ☐ Pharmacy
- ☐ Physician
- ☐ Prison/Correctional Health
- ☐ Public Health Department
- ☐ Rehabilitation Center
- ☐ Retail Pharmacy
- ☐ Skilled Nursing (# of Beds __)
- ☐ Student/Employee Health Services
- ☐ Substance Abuse Treatment Center
- ☐ Surgery Center
- ☐ Veterinary
- ☐ Wellness Facility/Fitness Ctr
- ☐ Healthcare-Other:

_____

PART III – SPONSOR / PARENT INFORMATION:

Sponsor Name:_____ Direct Parent Name:_____
(if different from Sponsor)

Sponsor Entity Code:_____ Direct Parent Entity Code:_____

Member Relation to Direct Parent/Sponsor:[2]

Owned ☐ Leased ☐ Managed ☐ Affiliated *(not owned, leased, or managed)* ☐

PART III – FACILITY IDENTIFIERS:

GLN (Global Location Number): DEA# HIN (Health Industry Number): State Pharm. Lic. #:

Sponsor must complete: *Sponsor has reviewed the governmental exclusionary lists as required by Pinnacle Health Alliance's policies and Prospective Member does not appear on any such list:* ☐*Agree* ☐*Disagree*

[1] Submitting an application does not guarantee acceptance by Pinnacle Health Alliance, LLC

[2] See Terms and Conditions of Agreement for definitions.