



HEALTHTRUST™

CLM (Contract Lifecycle Management) Supplier Portal User Guide



September 7, 2017

The purpose of this document is to assist suppliers submit their company data to HealthTrust through the Supplier Portal, HealthTrust's supplier-facing website.



Table of Contents

HealthTrust Supplier Portal.....	3
Updating Form Information	6
Terms of Use and Disclaimer	6
New Suppliers	7
Existing Suppliers	7
Step 1: General Information	8
Step2: Company Information.....	8
Step3: Company Information (cont.)	9
Step 4: Products/Services	10
Step 5: Previous Company Details	11
Step 6: Purchasing/Remit Information	11
Steps 7 - 8: Contacts.....	12
Finish & Review	13
New Supplier Form Received Email	14
Notification of Failure to Meet Qualifying Criteria	15
Notification of Failure to Meet Qualifying Criteria for Diversity Suppliers.....	16
Applying for Access to Supplier Portal	17
Request Access to the Supplier Portal	17

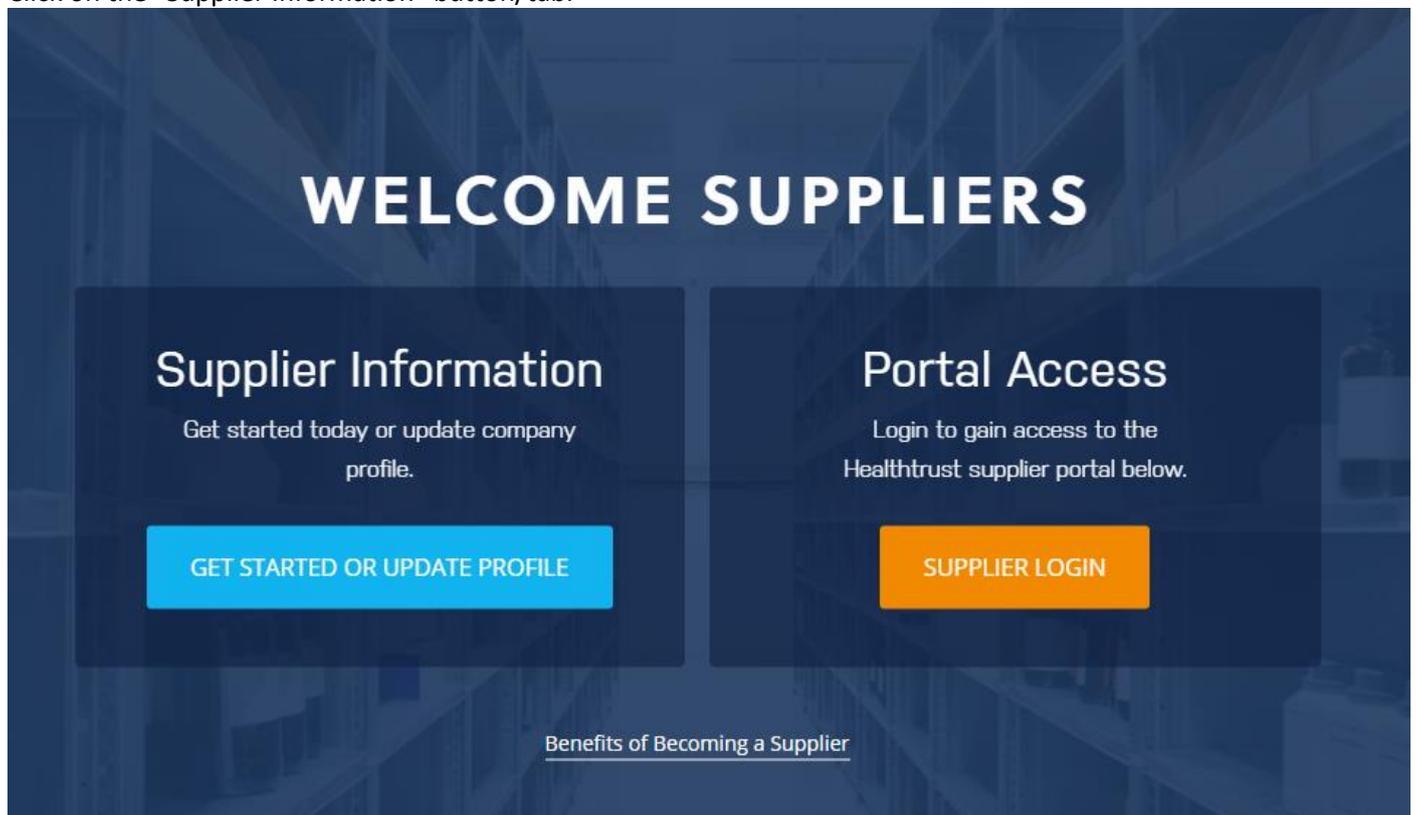


HealthTrust Supplier Portal

Upon entry to the HealthTrust Supplier’s public portal, clicking on the **“Suppliers”** button/tab. This area of the portal is where you will find information that is updated dynamically. The screens and content may be updated from the view shown in this document, but we expect the portal will be intuitive and helpful to guide you through the process.



Click on the “Supplier Information” button/tab.





Click “Benefits of Becoming a Contracted Supplier” for important information about HealthTrust’s contracting process, including our Criteria for becoming a HealthTrust nationally-contracted supplier, Contract Schedule (Bid Calendar), and a link to the Supplier Form, which is also available by clicking “GET STARTED OR UPDATE PROFILE”.

1. BENEFITS	2. CRITERIA	3. CONTRACT SCHEDULE	4. SUPPLIER FORM
-------------	-------------	----------------------	------------------

Benefits of Being a Contracted Supplier

HealthTrust is the only national committed-model group purchasing organization. Our members are exclusive to HealthTrust and do not belong to any other group purchasing organizations. We deliver unprecedented speed to scale through our aligned members and their concentrated market power. Since 1999, we’ve continued to strengthen our reputation as the high-compliance market leader that delivers on our promises to members and contracted suppliers alike. We expect the industry-best price from our suppliers and in return we deliver a committed market share. This committed model is the most efficient cost-to-serve GPO model in the industry.

1. BENEFITS	2. CRITERIA	3. CONTRACT SCHEDULE	4. SUPPLIER FORM
-------------	-------------	----------------------	------------------

The minimum criteria that a supplier must meet to be considered for participation in a national contract bid process includes, but is not limited to the criteria below. Inability to meet any of the following criteria may result in a supplier not being considered for inclusion in a national bid process:

- The supplier’s products and services will meet or exceed the level of quality, durability and cost effectiveness of items currently under contract with HealthTrust and being utilized by its members
- The supplier’s distribution system can accommodate HealthTrust’s national volume without undue delays or back orders
- The supplier must demonstrate financial stability and long-term viability
- The supplier must be able to provide detailed reports of usage information by member facilities, at least quarterly
- The supplier must provide the Tax ID of their company

Benefits of Becoming a Supplier



1. BENEFITS	2. CRITERIA	3. CONTRACT SCHEDULE	4. SUPPLIER FORM
-------------	-------------	----------------------	------------------

All prospective suppliers need to review the contract calendar and complete the [form](#) to provide information so that you can be reviewed, and perhaps considered for participation in a bid process.

Please review our bid categories before completing the supplier form.

[CONTRACT SCHEDULE](#)

1. BENEFITS	2. CRITERIA	3. CONTRACT SCHEDULE	4. SUPPLIER FORM
-------------	-------------	----------------------	------------------

New Suppliers: The process begins with you completing a supplier form which includes needed information for existing as well as prospective HealthTrust suppliers. The form contains key information about your company, your Tax ID, your interest in HealthTrust categories, contacts, etc. Once submitted, your information will be reviewed in relation to the category you have selected, to determine if you will be considered for participation in a bid process. If you will be considered for participation, you will receive a registration link as well as further information about the sourcing event.

Prospective and Existing Suppliers: Please complete and submit the supplier form by using the link below.

IMPORTANT: Completion and submission of the supplier form does not guarantee that your company will be considered or included in a bid process.

[SUPPLIER USER PORTAL GUIDE](#) [GET STARTED OR UPDATE PROFILE](#)

By clicking “*GET STARTED OR UPDATE PROFILE*” from the Supplier Homepage, or the “*Supplier Form*” button above, this will open the on-line form for your submission.

This link to the *Supplier Form* allows you to provide HealthTrust with information about your company. This document outlines the data submission requirements and process for suppliers to provide and update their



information.

After selecting *Supplier Form*, the following form and prompts appear. Please review this document in its entirety prior to completing the form, to understand data required for form completion as described in this document.

Updating Form Information

When you need to update your information on your form for your company, or for your contacts, after entering your TaxID, certain fields will be pre-populated based on your prior submissions. This feature minimizes some of the time required for you to input information. The fields that will be pre-populated include:

ID, Legal Name, Website, DBA Names, Diversity information, OIG information, Geographic area, Employee or 1099 Resources, DUNS, Annual Sales information, Other GPOs, Stock symbol, Vendor type, and Product Categories.

Terms of Use and Disclaimer

Before proceeding you must complete the following form, **Accept Terms of User and Disclaimer / Supplier Form Submission**.

Supplier Portal Supplier Form

Supplier Form

Accept Terms of Use and Disclaimer | Supplier Form Submission

TERMS OF USE/DISCLAIMER:
(PLEASE READ CAREFULLY)

Thank you for your interest in becoming a potential supplier with HealthTrust. The review process may start nine(9) to eighteen(18) months prior to the expiration date of current agreements in a specific product or service category. HealthTrust utilizes advisory boards that may, at their discretion, elect to extend a current agreement beyond its expiration date, or renew it for a new term.

Suppliers are required to complete the form in its entirety; incomplete forms will not be considered. Suppliers are asked to ensure that others within your organization are not also submitting form for your company, which can cause delays. The profile is a means of providing information about your company to HealthTrust for preliminary review and possible consideration for inclusion in the respective project. Depending on your ability to meet the criteria for an applicable category, you may not be considered or contacted for a bid process. HealthTrust will notify you if you will be considered in a bid process.

IMPORTANT: Completion and submission of the supplier form does not guarantee that your company will be considered or included in a bid process or that you will become a contracted supplier with HealthTrust. If you are considered for inclusion in a bid process, you will be contacted by the appropriate HealthTrust personnel.

Please review our [Contract Calendar](#) ("bid calendar") prior to completing the form. Forms MUST BE completed prior to the start of any project and may not be considered once the project has been started. Suppliers should review the calendar / schedule periodically for additions and / or changes. Profiles will be maintained, and can be updated by you if your company information changes.

Please review and indicate your acceptance of each of the following terms of use and disclaimer information of this Supplier Form:

Form Completion: Please respond to all of the items on the form. At the end of the form, your company will be asked to certify that its answers are correct and complete. Failure to submit accurate and complete answers may result in your company being disqualified.
 Yes No

HealthTrust reserves its rights: Thank you for providing HealthTrust with a form of your company. However please be aware that submission of your form does not guarantee that HealthTrust will enter into discussions with you, include your company in a bid or negotiations process, or award your company a contract. HealthTrust reserves all rights with respect to its contracting processes including without limitation the right to accept or reject proposed bidders and proposals, waive any nonconformity with specified criteria, and determine which company will receive a contract award. HealthTrust may terminate any contracting process at any time for any reason.
 Yes No

HealthTrust's Commitment to a Fair Process: If you meet the necessary criteria for inclusion in HealthTrust's contracting process and may be competing in a category, HealthTrust will notify you by email or through this tool prior to the start date of the category you selected. If you are informed that your company does not meet the necessary criteria, the reasons for the failure to qualify will be specified. If you would like to discuss the reasons further with a HealthTrust representative, please send an email with supporting documentation to [HealthTrust](#).
 Yes No

If all of the information is complete and accurate, please click the "NEXT" button below and your information will be sent to a HealthTrust representative to review. **IMPORTANT:** Completion and submission of your form does not guarantee that HealthTrust will enter into discussions with you, include your company in a bid or negotiations process, award your company a contract, or that you will become a contracted supplier with HealthTrust. If you are considered for inclusion in a bid process, you will be contacted by the appropriate HealthTrust personnel. The company hereby certifies that the responses to the form are correct and complete.

Do you accept the terms of use and disclaimer information?
 Yes No

Digital Signature (first and last name) *

NEXT



Any negative response to the questions will prompt an auto-generated response on the form itself, and you will be disqualified from going any further in the process. You will see this response at the bottom.

Sorry, because the terms of use and disclaimer were not accepted, we cannot process your submission as a supplier. If you wish to accept the terms of use and disclaimer, please select "Yes" when prompted to accept the terms of use and disclaimer and fill out the signature. Thank you.

1. You have accepted and signed the Terms of User and Disclaimer form. Now you will be able to move forward by clicking *Next*.
2. Enter your 9 digit Federal Tax Id number.

If your Tax Id is already in the system, this screen will appear, giving you the option to choose your vendor name from the dropdown. When the log-in prompt appears, type in your username and password that were previously assigned to you.

The screenshot shows a web form titled "Supplier Form". Under the heading "Vendor Identification", there is a text input field labeled "Federal Tax ID# *". To the right of the input field is a "NEXT" button.

New Suppliers

If you are a new supplier, click *Next* to open and proceed through the 8-part form. Be sure that you complete all required fields (indicated by *) on each screen or you will not be able to move to the next one.

Existing Suppliers

If you are an existing HealthTrust supplier and need to update information, submit changes through this same process by completing all fields (required fields are indicated by *). To submit changes to information for a specific contract(s), enter the System ID as provided by the negotiator, example CTR#####, and provide the updates for that specific contract(s).



Step 1: General Information

If you have been given a System ID by your negotiator, enter this number here, example CTR#####.

Supplier Portal Supplier Form

HEALTHTRUST™

Supplier Form

Tax Id 1231231234

General Info (Step 1 of 8)

Contract Info

Your HealthTrust/CoreTrust negotiator will provide this information at the appropriate time. (Example: CTR#####)

System ID (if available)

Completed By

First Name *

Last Name *

Title

Phone *

Email *

NEXT

Step2: Company Information

Click the dropdowns to complete the mailing and physical address fields.

Tax Id 123123123

Company Info (Step 2 of 8)

Identification

Complete Legal Company Name *

Doing Business As (DBA) Name *

Vendor Type(s) * **Manufacturer** - An individual or a company who buys materials, raw materials or components and transforms them into a sellable product.
 Pharmacy - A company that is in the Pharmaceutical industry with any of the following intents: discovers, develops, produces, markets medications.
 Remanufacturer - The original manufacturer that recycles and remanufactures the original product. This reprocessor vendor does supply the original product.
 Reprocessor - A third-party company other than the original manufacturer that recycles and remanufactures the original product. This reprocessor vendor does NOT supply the original product.
 Self Supplier Only - An individual or company who manufactures a product and distributes it directly to the end user. (They do not allow 3rd parties to sell their goods)
 Service - An individual or a company who provides services.
 Supplier - An individual or a company who sells products for self and other(s), also known as Distributor.

Company Website

Are you a division of a parent company?



Legal Contract Address of Company

Address Line 1 *

Address Line 2

City *

State *

Zip *

Other Addresses

Mailing Address

Physical Address

Diversity Certification

Certified Minority Owned Business (NMSDC)?

Please select ethnic group

Certified Woman Owned Business (WBENC)?

Service Disabled Veteran Owned Small Business Entity (SDVOSB)?

Veteran Owned Business Entity (VOSB)?

Small Business Entity (SBA)?

Note: If this is a certified Minority, Woman Owned, or Disabled Veteran Owned Business, please mail or fax the certification form to:

HealthTrust Purchasing Group
Attn: Director of Business Diversity
1100 Charlotte Avenue, Suite 1100
Nashville, TN 37203
Fax: (615) 980-8431

Note that if you enter a DBA name, additional response fields will appear. For reference, the DBA name associated with your Tax ID will populate in the top right section of each screen as you move forward.

When you make a selection from the Diversity list, a date field will open. Scroll your mouse over the date field to see the dropdown completion arrows.

Step3: Company Information (cont.)

Be sure to click the dropdown icon for correct response options. The default responses to the exclusion inquiries regarding OIG and GSA are No. However if the negative response is inaccurate, you must check Yes. Either response does not impact your ability to move forward in the questionnaire.

Supplier Form

test Tax Id 123123123

Company Info (Continued) (Step 3 of 8)

Geographical Area(s) of Operation

US National

US Regional

UK



Sales Information

Number of Directly Employed Resources or 1099 Resources *

Total Number of Sales Reps or 1099 Resources *

Estimated Annual US Sales Volume *

Estimated Annual US Sales (%) in Healthcare *

What other GPOs Do you Contract With?

Intalere

Premier

Vizient

Other (please specify):

Stock Symbol

DUNS Number

Are There Efforts Related to Environmental Sustainability Occurring Within Your Organization Today?

Are you on the excluded list from the OIG? * Yes No

Are you on the excluded list from the GSA? * Yes No

PREVIOUS NEXT

Step 4: Products/Services

Select the categories that your company offers. This may include products, equipment, or services. You can select multiple categories or subcategories, but you must select at least one category. If you do not see a category listed that is applicable for your business or offering, notify HealthTrust Customer services and provide that information.

Products/Services (Step 4 of 8) test Tax Id 123123123

Product/Services Provided (Contract Category)

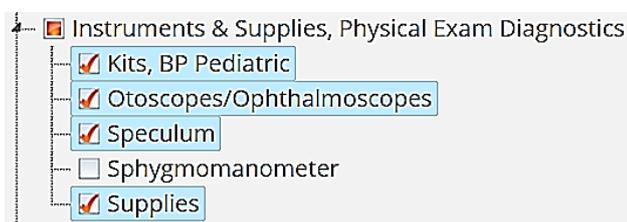
Please check the product/services that are applicable (Categories can be expanded to see sub-categories)

Filter

At least one product/service below must be selected

- Accounts Payable Recovery Services
- Adhesion Prevention Products
- Administration
- Adult Incontinence Mesh Briefs
- Advanced Energy
- Advertising, Yellow Pages
- Air Filters
- Airway Management, Oral, Nasal
- Alarms, Fall Prevention
- Allograft Tissue - Valves, Veins, Arteries
- Anesthesia Equipment, Service and Related Supplies
- Anesthesia Trays & Pain Control Products
- Angiography, Manifolds, Kits and Related Supplies
- Answering Services and Call Centers
- Appliances & Small Equipment
- Architectural Casework
- Audiology, Hearing Aids, Hearing Devices

PREVIOUS NEXT



Expanding the parent category will allow you to select one or multiple sub-categories. If you select the parent category, the system will automatically select all the sub-categories beneath it.



Step 5: Previous Company Details

Complete only if you are submitting a change due to a merger or acquisition (the form will open by checking the box).

Supplier Form t Tax Id 123123123

Previous Company Info (Step 5 of 8)

Are you submitting a change form as a result of a merger or acquisition?

Previous Company Details

Previous Company Name

Federal Tax ID# of Previous Company

Relationship between New Company and Previous Company

Please describe in detail what has happened

Effective Date of change

Will any catalog numbers change?

PREVIOUS NEXT

Clicking the box next to “will any catalog numbers change” will prompt a message telling you that later in the process you will be required to submit new catalog information.

Will any catalog numbers change? *Note: We require a new price-file*

Step 6: Purchasing/Remit Information

Supplier Form t Tax Id 123123123

Purchasing/Remit Info (Step 6 of 8)

Purchasing

Will HealthTrust Members purchase from this vendor? Yes No

If No, please explain

Remittance

Will HealthTrust members remit payment to this vendor? Yes No

If No, please explain

PREVIOUS NEXT



Steps 7 - 8: Contacts

Contacts types to include here are: Primary Contact, Secondary Contact, Contract Manager Contact (National Account Rep), EDI Information, Customer Service, Source Advertising, Primary Pharmacy Contact, and Financial Pharmacy Contact. The fields below will be required for these contact types.

Contacts (Step 7 of 8)

Primary

Please provide the contact information for the main person to whom HealthTrust membership should direct any contract questions.

Name *

Title

Address Line 1 *

Address Line 2

City *

State *

Zip *

Phone *

Fax

Email *

Additional Contacts (Step 8 of 8)

Additional Contacts

Contact Definitions

The contact definition for contact type is on the screen as follows:

- **Primary Contact:** main person to whom HealthTrust membership should direct any contract questions.
- **Secondary Contact:** secondary person to whom HealthTrust membership should direct any contract questions.
- **Contract Manager Contact (National Account Rep):** person with whom HealthTrust will use when sending approval and rejection e-mail notification for batches of price changes, item adds, and/or item expires.
Pharmacy: Please provide the contact information for the person with whom HealthTrust will use when sending approval and rejection e-mail notification for batches of price changes, item adds, and/or item expires.
Distributors: Please provide the contact for the person with whom HealthTrust will use when sending price files.
- **EDI Information Contact:** person members should direct questions regarding the set-up of EDI transactions
- **Customer Service Contact:** contact to whom members should communicate issues or ask questions. This could be a main toll-free number and does not have to have a name or address.
- **Financial Contact:** in some instances, it will be necessary for HealthTrust to cut checks back to the vendor. Provide the information for the contact to whom HealthTrust should send these checks.
- **Source Advertising Contact:** person that would like to receive communications regarding opportunities to advertise in HealthTrust's quarterly magazine, The Source.
- **Primary Pharmacy Contact:** person to whom HealthTrust membership should direct any pharmacy contract questions.



Finish & Review

Supplier Form

Finish/Review

If all of the information is ready and correct, please click the "Submit" button at the bottom and your information will be sent to a HealthTrust representative to review. Use the "Previous" button at the bottom to go back and make changes to any fields.

General Info (Step 1)

Form Completed By

First Name: **t**
Last Name: **t**
Phone: **7897897899**
Email: **tor1.howk@healthtrustpg.com**

Company Info (Step 2)

Identification

Legal Name: **Test company, LLC**
DBA Name: **Test company**
Federal Tax Id: **1231231234**
Is Parent Company: **Yes**
Legal Address: **123 Main Street, Nashville, Tennessee 33333**
Company Website: **www.test.com**
Vendor Type(s): **Manufacturer**

Diversity Certification

Is Minority Owned Business Entity: **Yes**
Ethnic Group: **Asian-Pacific American**
Is Woman Owned Business Entity: **No**
Is Disabled Veteran Owned Business: **Yes**
Is Service Disabled Veteran Owned Small Business Entity: **No**
Is Small Business Entity: **No**
Diversity Certification Date: **5/1/2017 12:00:00 AM**

Company Info(Continued)(Step 3)

Geographic Area of Operations

Is Us National: **No**
Is US Regional: **No**
Is UK: **No**

Geographic Area of Operations

Is Us National: **No**
Is US Regional: **No**
Is UK: **No**

Sales Information

Number of Directly Employed Resources or 1099 Resources: **Less than 10**
Total Number of Sales Reps or 1099 Resources: **Greater than 500**
Estimated Annual US Sales Volume: **Greater than \$100M**
Percent of Annual US Sales Volume that is within the HealthCare Market: **51-75%**
What other GPOs Do you Contract With: **Intalere**

Are There Efforts Related to Environmental Sustainability Occurring Today?: **No**
Are you on the excluded list from the OIG: **No**
Are you on the excluded list from the GSA: **No**

Products/Services (Step 4)

Product Categories: **Accounts Payable Recovery Services |Accounts Payable Recovery Services: Accounts Payable Recovery Audit |Accounts Payable Recovery Services: Escheat Reduction and Re-Capture Services**

Previous Company Info (Step 5)

Are you submitting a change form as a result of a merger or acquisition: **No**

Purchasing/Remit Info (Step 6)

Will HealthTrust Members purchase from this vendor?: **No**
Explained:

Will HealthTrust members remit payment to this vendor?: **No**
If No, Explain:

Contacts (Step 7)

Primary Contact

First Name: **Bob**
Last Name: **Smith**
Title: **National Account Manager**
Address: **123 Main Street, Nashville, Tennessee 33333**
Phone: **1111111111**
Email: **bob@test.com**

Contract Management

First Name: **Bob**
Last Name: **Smith**
Email: **bob@test.com**

Customer Service

Phone: **1111111111**

Financial Contact

First Name: **Bob**
Last Name: **Smith**
Title: **Financial Contact**
Address: **111 Main Street, Nashville, Tennessee 33333**
Phone: **1111111111**
Email: **bob@test.com**

Additional Contacts (Step 8)

Primary Pharmacy Contact

First Name: **Bob**
Last Name: **Smith**

PREVIOUS

SUBMIT



At any time during the form completion process, you may return to a previous screen to correct or update an entry. The same is true on the final review screen. You have the option to return to a previous screen to make corrections or submit the profile at this time.

Upon submission this message will appear on your screen.



Supplier Form

Thank you for providing HealthTrust with information about your company. Within the next 3-5 days, HealthTrust will complete the process for mastering your company information in our systems.

You will receive a follow-up email within 3-5 days with directions on how to request a HealthTrust Account. If you are a new supplier and do not already have an account, please follow the directions included in that email in order to set up a Supplier Portal account.

If you are a currently contracted supplier and have a HealthTrust Supplier Portal account, there is no further action necessary on your part. Your account settings will be updated to assure you have access to the proper HealthTrust systems if you are going to be included in a sourcing event.

New Supplier Form Received Email



Fri 7/14/2017 10:55 AM

noreply@healthtrustpg.com

New Supplier Form Received

To: Howk, Tori

Thank you for providing HealthTrust with information about your company. Within the next 3-5 days, HealthTrust will complete the process for mastering your company information in our systems.

You will receive a follow-up email within 3-5 days with directions on how to request a HealthTrust Account. If you are a new supplier and do not already have an account, please follow the directions included in that email in order to set up a Supplier Portal account.

If you are a currently contracted supplier and have a HealthTrust Supplier Portal account, there is no further action necessary on your part. Your account settings will be updated to assure you have access to the proper HealthTrust systems if you are going to be included in a sourcing event.

Upon submission of the form, you will receive the following email.



Notification of Failure to Meet Qualifying Criteria

Prospective suppliers who submit forms that do not meet necessary criteria for immediate inclusion in a HealthTrust contracting process will receive the following email when they submit their form, which will include the reason(s). If you receive this email, ***it does not mean that your information will not be reviewed by the appropriate HealthTrust representative responsible for the bidding process.*** This message was to advise you that based on the information submitted, you do not meet all necessary criteria to qualify for inclusion in HealthTrust's contracting process at this time. Your information has been received, and will still be reviewed by HealthTrust.

Based on your form submission, you do not meet all necessary criteria to qualify for immediate inclusion in HealthTrust's contracting process. The reasons for the failure to qualify are specified below. Your company form will be retained in our system and we encourage you to update your form as changes occur so that you may be re-evaluated for future opportunities. If you would like to discuss the criteria further with a HealthTrust representative, please send an email with supporting documentation to CORP.SupplierProfile@Healthtrustpg.com

Reason(s):

Total number of employed or 1099 sales reps less than 10



Notification of Failure to Meet Qualifying Criteria for Diversity Suppliers

Diversity suppliers who submit forms that do not meet necessary criteria for immediate inclusion in a HealthTrust contracting process will receive the following email, providing additional information about HealthTrust's Diversity program. If you receive this email, ***it does not mean that your information will not be reviewed by the appropriate HealthTrust representative responsible for the bidding process.*** This message was to advise you that based on the information submitted, you do not meet all necessary criteria to qualify for inclusion in HealthTrust's contracting process at this time. Your information has been received, and will still be reviewed by HealthTrust.

Thank you for submitting your information. HealthTrust is a committed model group purchasing organization, providing products and services to members across the US. Because of this it is critical that we build a contract portfolio of suppliers who can meet the needs of our national membership.

HealthTrust is also committed to expanding our Supplier Diversity program. The information you submitted will be reviewed to determine if your products or services meet a need of our members, within our contract work plan. We do recognize that your ability to cover a national market may not be feasible, but we will review and consider potential regional opportunities that may meet the needs of our members.

Below is new...



Applying for Access to Supplier Portal

Created by: Business Analyst, **Revised:** August 18, 2017

The purpose of this section is to assist HealthTrust suppliers apply for access to the Supplier Portal, HealthTrust's supplier-facing website.

The HealthTrust Supplier Portal provides suppliers with access to affiliation certificates, eligibility letters and other useful tools and information regarding HealthTrust members and supplier relations.

Request Access to the Supplier Portal

After your form data has been submitted to HealthTrust, you will receive an email, directing you to request access to HealthTrust's Vendor Portal.

Thank you! Your company has been established in the HealthTrust Vendor Master Database with the following credentials:

Vendor Legal Name:

Vendor dba (doing business as) Name:

Vendor Number:

Please follow the [attached](#) instruction to apply for access to the HealthTrust Supplier Portal.

Applying for Access

Begin by visiting our public website at <http://www.healthtrustpg.com>



Click on the “**Suppliers**” text located in the upper right corner of the home page.

Once the page loads, you will be presented with two options labelled **Supplier Information** and **Portal Access**.
Click **Portal Access - Supplier Login**



Next, you will be presented with two options below the login section labelled **HealthTrust Member Registration** and **HealthTrust Vendor Registration**. Click **HealthTrust Vendor Registration**.





Vendor Registration

Email *

Confirm Email *

First Name *

Last Name *

Phone * ext.

Vendor Affiliation(s) *

Role(s) HealthTrust Portals
 HealthTrust Portals - Supplier User

Comments

Member Support: P: 888.222.1172 | hpgsvc@healthtrustpg.com
Hours: 7 a.m. to 5 p.m. CST, Monday - Friday

© 2017 HealthTrust

Provide all of the required personal information (designated with a *).

NOTE: Ensure that “HealthTrust Portals – Supplier User” is selected under HealthTrust Portals in the Roles section. Your affiliation as a supplier will ensure that you are only shown the supplier-facing section of our site.

Vendor affiliation is a required field and indicates the supplier that you represent. By clicking the **Search** button, vendor affiliation names can be selected using the vendor name as search criteria.



Your Vendor Affiliation(s)

Selected Affiliation(s)

Please tell us what vendor you represent.
You may select more than one if there are multiple divisions.

Name

When you have completed the entire request form, click the **Register** button. If your request has been successfully submitted, you will be provided with a clear message indicator.



You're finished. Thank you for applying!

- The security administrator has been notified.
- Once approved, you will receive an email with instructions to create your password.

PLEASE NOTE: Account requests typically take one to three days for the security administrator to process; however, it could take longer if there are questions or concerns about the request. *When approved or denied for access, you will be notified using the email address you provided during signup.*