

Job Aid – Supplier: How to Successfully Complete and Submit an Information Request in CSP

How to Successfully Complete and Submit an Information Request in CSP

In this job aid:

✓ **How to Successfully Complete and Submit an Information Request in CSP**

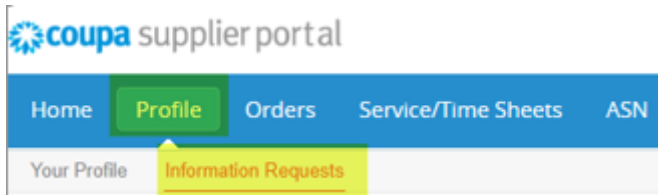
This job aid is to be leveraged by suppliers that have been selected to transact with DaVita and have an existing account on the Coupa Supplier Portal (CSP), or the ability to create a CSP account. This job aid will outline how to correctly fill out and submit a request for information that we send to all our suppliers.

Information Requests Overview

- Information Requests allow us to securely request Company, remittance, Tax, and contact information from your company’s appropriate representative via an online form via the Coupa Supplier Portal.
- If you have questions regarding the CSP, please refer to our Procurement webpage: <https://www.davita.com/about/suppliers>.

Process - Navigate to Information Requests

1. With a set-up CSP account, you will receive email notifications for information requests sent by DaVita. Notifications will include a link to update our company information in your CSP account
1. You can also login to CSP and navigate to Profile -> Information Requests and ensure Profile = “Davita Inc”



Process – Completing and Submitting the Information Request

DaVita Inc - DEV ENV Profile DaVita Inc - DEV ENV

✓ We have auto-filled some information from your Public Profile.

External information request form for onboarding NEW suppliers

Supplier Information [REDACTED]

* Company Name Please list your full name as it appears on your invoices

Goods and Services Provided

* Primary Contact

* First Name

* Last Name

* Email address

* Phone US/Canada 650-555-1212
Please enter the phone number (including dashes) specific to the address above formatted as shown 123-456-7890 NO Extensions

Contact Purpose

Enter Company Name as it appears on your invoice.

Enter contact information for communication

Enter Confirm Phone # is in xxx-xxx-xxxx format

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Process Continued – Completing and Submitting the Information Request

*** PO Email** Enter the email address at which you would like to receive DaVita Purchase Orders → Enter the email to which POs will be sent.

*** Business Classification**
Nonprofit Organization
OTHER
Other Not for Profit Organization
Please select all that apply. Hold down CTRL (or SHIFT) to select multiple. If you do not qualify for any of the above, please select Non SBA

*** Tax Classification**
This must match your tax classification on your company W9 → Must match the tax classification found on your W-9.

*** Is your company a Minority Organization?**
Please only select Yes if your company is at least 51% owned, operated and controlled by a member of a minority group

*** Does your company have a Federal or International Tax ID?**
→ Select Federal Tax ID/SSN

*** Does your company have an EIN or SSN?**
→ Tax ID is either EIN or SSN

*** Company Federal Tax ID**
Please ensure the address on your W-9 matches one of the remit-to addresses below. Do NOT include dashes → Tax ID must match Tax ID on W9 (no dashes)

*** Tax Form**

→ Select W-9 and attach your W9 form.

Please attach your W-9 or W-8 form.

Remit-To Information
Please click on Add Remit-To to add your remittance/banking information.

Remit-To Addresses
Add one or more Remit-To Addresses by either filling out a new Compliant Invoicing Form or choosing an Existing Remit-To Address.

→ Add the remit-to address for your payments AND tax reporting purposes.

Choose Remit-To Address

Choose a Remit-to Location below - Recommended
It's a few more fields, but provides compliance, verification, and re-usability. Otherwise, click 'Cancel' to add info to your customer's form manually.

Choose existing or create new Remit-To Address:

→ Click "Cancel" to manually enter into our form

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Process Continued – Completing and Submitting the Information Request

* Remit-To Address

Vendor Site ID ✖
DaVita internal use only

* Status

* Street Address

Street Address 2

Street Address 3

* City

* Region
 Country/Region
 State Region

* Postal Code

* Remittance Email Please enter your company's email address for payment notification

* Work Phone Please enter the phone number (including dashes) specific to the address above formatted as shown 123-456-7890 NO Extensions

Additional Email Address Please enter the email address specific to the address above

* Please confirm the address entered above is one of the following:
You MUST submit only one tax reporting address and at least one payment address
 If this remit to address is for tax reporting and payment, please select Both.
PLEASE NOTE: The tax reporting address must match the W9 address.

* Is the Remit to Address you entered to be used for Payment?

* Please confirm the address entered above is one of the following:
You MUST submit only one tax reporting address and at least one payment address
 If this remit to address is for tax reporting and payment, please select Both.
PLEASE NOTE: The tax reporting address must match the W9 address.

* Is the Remit to Address you entered to be used for Payment?

* Is the Remit to Address you entered to be used for Payment? ✖

Remit advise/payment notifications

Use phone format: XXX-XXX-XXXX

- If "Both" – this will create/update both Tax Reporting and Payment remit-to address. Ensure the address matches your invoice and W9 addresses.
 - If "Payment" – Ensure the remit-to address matches your invoices
 - If "Tax Reporting" – Ensure the remit-to address matches the address on your W9.
- *You must have one Tax Reporting and Payment addresses on file*

If Tax Reporting is selected, select "No"

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* Please confirm the address entered above is one of the following:

You MUST submit only one tax reporting address and at least one payment address.

If this remit to address is for tax reporting and payment, please select Both.
PLEASE NOTE: The tax reporting address must match the W9 address.

* Is the Remit to Address you entered to be used for Payment?

* Payment Method

If you are unsure, please select CCD

* Did you select ACH above?

If ACH-CCD or ACH-CTX, please select Yes

* Banking Document No file chosen

Required ACH Backup should be in the form of voided check, bank or company letter

* Bank Name

Usually on the Banking Document

* Bank Country/Region

* Bank Account Name/Owner

Usually on the Banking Document. Could be the company name or your name/owner name

* Bank Account Number

Must match Banking Document

* Bank Routing Number

Must match Banking Document

* Account Currency

DaVita Compliance Questions

To the best of your knowledge, is your entity, including any of its affiliates or personnel, currently or proposed to be excluded, debarred, suspended or otherwise ineligible to participate in any Federal or State health care program (e.g. Medicare or Medicaid), Federal or State procurement program (e.g. government contracts), or Federal or State non-procurement program (e.g. government grants), including, but not limited to, the HHS/OIG List of Excluded Individuals/Entities, the GSA's System for Award Management, the OFAC "SDN and Blocked Individuals", or any state health care program?

* Question #1

Is your entity affiliated with an employee, relative, or immediate family member of anyone at DaVita or its subsidiaries?

* Question #2

Is your entity a hospital, nephrologist, internist, pediatrician, primary care physician, hospitalist, vascular access surgeon, interventional nephrologist, interventional radiologist, any of the above listed physician types nurse, physician assistant, nurse practitioner or practice managers, hospital discharge planner and case manager, vascular access center, ambulatory surgery center, skilled nursing facility or rehabilitation facility? (Immediate Family Member includes: spouse or domestic partner, parent, child, sibling, grandparent or grandchild. This includes biological, step, half, in-law and adoptive family members).

* Question #3

See Question Text for definition of immediate family member.

PLEASE NOTE: If you answered "yes" to Question 3, your answer will be "yes" to Question 4 as well.

Is your entity in a position to refer, recommend, or arrange for any item or service from or furnished by a DaVita center, DaVita business unit or DaVita subsidiary? Examples include all physicians, nurses, physician assistants, physician practice managers, social workers, discharge planners and case managers. (Immediate Family Member includes: spouse or domestic partner, parent, child, sibling, grandparent or grandchild. This includes biological, step, half, in-law and adoptive family members).

* Question #4

See Question Text for definition of immediate family member.

* By checking this box, you confirm all information entered on this form is accurate and undated

If "Both" or "Payment" is selected, select "Yes."

If ACH-CCD or ACH-CTX is selected, the banking details must exactly match the details displayed on your required banking document.*

*Preprinted and voided check, signed company letter, or signed bank letter

Carefully read the regulatory compliance questions.

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Note: The below fields are not to be completed. DaVita internal use only.

* Supplier Name

Please list your full name as it appears on your invoices

NOTE: The supplier name should be no longer than 80 characters. If you submit a name longer than 80 characters, it will reject.

Legal Reporting Name None

Please enter the suppliers name listed as on Line 1 of the attached W-9 (DBA name)

Vendor Type None

Operating Unit None

Please confirm if this supplier is tax reportable None

Please confirm the tax classification on the W9

Income Type None

Please enter exactly 1 of the following: MISC1, MISC3, MISC6, MISC7, MISC14

TIN Match None

Only required for domestic suppliers.

Exclusion Verification None
Date

Content Groups Everyone

Default Commodity None

Payment Terms None

Submit for approval once all required data has been input.