

2002

**Directory of
Health Care
Group
Purchasing
Organizations**

A Sedgwick Press Book
Grey House Publishing



SEDGWICK PRESS
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The *Directory of Health Care Group Purchasing Organizations*, formerly published by **Medical Economics/Thomson Healthcare**, will be reintroduced in January 2002 by **Sedgwick Press of Grey House Publishing**, featuring nearly 1,000 group purchasing organizations. Feel free to attach any additional information including member institutions. There is **no charge for your listing**, nor are you required to purchase the work.

FAX BACK TO: 518-789-0545

Company Name:

Address:

City:

State:

Zip:

E-Mail:

Website:

Phone1:

Phone2:

Fax1:

Fax2:

Toll Free1:

Toll Free2:

Year Founded:

General Description of Group:

Type of Organization (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Group Purchasing Organization | <input type="checkbox"/> Physicians Office |
| <input type="checkbox"/> Multi-hospital/multi-nursing home corporation | <input type="checkbox"/> Integrated Delivery Network |
| <input type="checkbox"/> Alliance | <input type="checkbox"/> Provider Management Company |

Type of Institution (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Private Nonprofit Hospital | <input type="checkbox"/> Local Government Institution |
| <input type="checkbox"/> Private Nonprofit nursing home | <input type="checkbox"/> Investor-Owned Hospital |
| <input type="checkbox"/> Federal Government Institution | <input type="checkbox"/> Investor-Owned Nursing Home |
| <input type="checkbox"/> State Government Institution | <input type="checkbox"/> Health Maintenance Organization |
| <input type="checkbox"/> County Government Institution | <input type="checkbox"/> Alternate Site Facility |

Annual Purchase Volume

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$1 Million | <input type="checkbox"/> \$10-50 Million | <input type="checkbox"/> \$500 Million - \$1 Billion |
| <input type="checkbox"/> \$1-5 Million | <input type="checkbox"/> \$50-100 Million | <input type="checkbox"/> Over \$1 Billion |
| <input type="checkbox"/> \$5-10 Million | <input type="checkbox"/> \$100-500 Million | |

Purchasing Alliance Institutions: _____ **Proprietary Members:** _____ **Total Beds Represented:** _____

Outpatient Visits: _____ **Surgical Operations:** _____ **Emergency Visits:** _____

Company Name: _____

Products/Categories Negotiated (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Business Forms | <input type="checkbox"/> Food/Beverage | <input type="checkbox"/> Nuclear/Radiological Supplies |
| <input type="checkbox"/> Capital Equipment (furniture) | <input type="checkbox"/> Housekeeping/Equipment Supplies | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Capital Equipment (medical) | <input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> Orthopedic/Prosthetic Supplies |
| <input type="checkbox"/> Diagnostic Reagents/Kits | <input type="checkbox"/> Linens | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Dietary Equipment/Supplies | <input type="checkbox"/> Medical Gases | <input type="checkbox"/> Parenteral Solutions |
| <input type="checkbox"/> Patient Monitoring Equipment | <input type="checkbox"/> Respiratory Therapy Supplies | <input type="checkbox"/> Surgical Disposables |

Expanded Services Offered (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Information Systems Consulting | <input type="checkbox"/> Managed Care Consulting |
| <input type="checkbox"/> Clinical Outcomes Analysis Assistance | <input type="checkbox"/> Material Management Benchmarking |
| <input type="checkbox"/> Assistance in Cultivating Hospital/Physician Relationships | |

Standard Vendor Proposal Requirements:

Group Affiliations:

Organization Officials

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Important titles, please complete

CEO:
CFO:
COO:
Dir. of Materials Mgmt.:
Purchasing Manager:
Pharmacy Director:
Marketing Director:

Key Purchasing Agents

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Important titles, please complete

Capital Eqpmt. Purch. Agent:
M/S Purchasing Agent
ICU Purchasing Agent:
CCU Purchasing Agent:
OR Purchasing Agent:
Lab. Purchasing Agent:
Pharm. Purchasing Agent:

Membership Fees & Funding:

Alternate Site Facility Program

- | | | |
|------------------------|------------------------|---------|
| ___ Clinics | ___ Pain Clinics | ___ HMO |
| ___ Physicians Groups | ___ Diagnostic Centers | ___ PPO |
| ___ Ambulatory Care | ___ Laboratories | |
| ___ Ambulatory Surgery | ___ Rehab Centers | |

In case we have any questions we can contact:

Completed by: _____ Phone: _____

TO COMPLETE YOUR PROFILE, PLEASE FAX OR MAIL YOUR LIST OF MEMBER INSTITUTIONS.

I would like a FREE 30 Day Preview of the *Directory of Health Care Group Purchasing Organizations*

