COVENANT HEALTH SYSTEM VENDOR PAYMENT INFORMATION

VENDOR REMIT INFORMATION

Legal name as shown on your income tax return:					
Name on invoices:				SSN / EIN :	
Remit address on invoices:					
City:		State:		ZIP Code:	

Vendor contact phone and email for any additional questions:

Contact at Covenant Health or affiliate (required):

Please select if you will be providing goods or services to Covenant Health and specify/select the type.

☐ Goods ☐ Services (select type below)

☐ Medical ☐ Legal ☐ Rent Payments ☐ Interest Payments ☐Royalty Payments ☐ Non-Employee/Other Services

Please provide a brief description of the goods and/or services your company provides.

_____

Submit a signed W-9 to: vendormastermailbox@covhlth.com with this form.

PAYMENT TERMS – TO BE COMPLETED BY ACCOUNTS RECEIVABLE

Accounts Receivable (AR) Contact:		Title:	
Accounts Receivable (AR) Email:		Phone #	

☐ **GHX ePay** – Net 7	*Must be a member of GHX* PO and 810 invoice processing required	
☐ **Purchasing Card** – Net 15	AR email(s) for Credit Card remittance advice (required):	
☐ **ACH Deposit** – Net 30 *Prenote will be required*	ACH Remittance Email (required) :	
Name of Bank		
☐ Checking ☐ Savings	ABA Routing/Transit #	Account #

☐**Paper Check** – Net 60 (Expedited terms are not available for paper checks)

Covenant Health will honor expedited terms in signed contracts or if discount terms are printed on invoices. Payments with expedited terms must be made via Purchasing Card or ACH. By requesting a paper check, vendor accepts Net 60 terms.

☐ Discount offered (be sure to include terms on each invoice) Terms:

COVENANT HEALTH ACCOUNTS PAYABLE INFORMATION

Invoice delivery: ☐ 810 electronic ☐ email pdf to AccountsPayable@covhlth.com ☐ mail invoice to PO Box 22790, Knoxville, TN 37933
(Allow ample time for processing. Covenant Health does not pay late fees on invoices submitted via paper mail.)

COVENANT HEALTH PURCHASING INFORMATION

☐ POs are required

Physical Location					
City:		State:		ZIP Code:	

Preferred method for PO: ☐ Email: ☐ Phone: ☐ Fax: ☐ EDI

ACCOUNTS RECEIVABLE AUTHORIZED REPRESENTATIVE

This form should be completed by a vendor representative familiar with the company's Accounts Receivable process. Covenant will not be responsible for delayed payments due to incorrect information provided on this form. Changes to this information could take three to six weeks to implement.

Completed By:			
Title:		Date:	

EMAIL to: vendormastermailbox@covhlth.com with the name on your invoices in the subject line.

Be sure to include a signed copy of your W-9