

Vendor Setup Form



Please complete this form in detail, sign, date and return. Please also attach a copy of your company's W-9 form.

Company Legal Name and Physical Address	Mailing/Remit-to Address if different
Company Name:	Company Name:
Address:	Address:

Additional Company Information	
Federal Tax ID#:	Dun & Bradstreet Number:
Company website:	NAICS or SIC Code for the work being performed:
Type of Corporation:	CAGE Code:
Size: <input type="radio"/> Large business <input type="radio"/> Small business (Check your size status here)	

Primary Contact Information		
Name:	Title:	
Email:	Phone:	Fax:

If your company is certified in any minority or small business categories of business that a state or federal government seeks to promote, please check the appropriate box or boxes below:

- | | |
|---|--|
| <input type="radio"/> Ability One | <input type="radio"/> Lesbian, Gay, Bisexual, and Transgender-Owned Business Enterprise (LGBTBE) |
| <input type="radio"/> Certified Small Business HUBZone Enterprise | <input type="radio"/> Minority-Owned Business Enterprise (MBE) |
| <input type="radio"/> Disabled-Owned Business Enterprise (DOBE) | <input type="radio"/> Small Disadvantaged Business Enterprise (SDB) |
| <input type="radio"/> Disabled Veteran-Owned Business Enterprise (DVBE) | <input type="radio"/> Veteran-Owned Business Enterprise (VBE) |
| <input type="radio"/> Historically Black College and University (HBCU) | <input type="radio"/> Woman-Owned Business Enterprise (WBE) |

Please provide a short overview of the goods or services you will provide to Magellan.

While working with Magellan will (or could) your company have access to Protected Health Information (PHI)? Yes No
If yes, please explain in detail what access you will require and why this is necessary.

Will your company be providing services as a subcontractor to Magellan under a Prime Medicare/Medicaid contract with a state or federal government agency? Yes No

Please also ensure that you register your company at SupplierRegistration.MagellanHealth.com.

Attestation: I certify that the information provided above is current, accurate and complete and I understand it is my responsibility to notify Magellan immediately with any changes to the above attested information:

_____ Company Representative Name (print)	_____ Title
_____ Signature	_____ Date

COMPLIANCE NOTICE: Section 6032 of the Deficit Reduction Act of 2005 (DRA), effective January 1, 2007, requires all entities that receive \$5 million or more in annual Medicaid payments to establish written policies that provide detailed information about the Federal False Claims Act, the administrative remedies for false claims and statements, applicable state laws that provide civil or criminal penalties for making false claims and statements, the "whistleblower" protections afforded under such laws and the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs. Entities shall establish these written policies for all employees (including management), and for any contractor or agent of the entity. As a result, Magellan is required to disseminate policies to its employees, contractors, agents or other persons who furnish, or otherwise authorize the furnishing of, health care items or services; perform billing or coding functions; or are involved in the monitoring of health care services provided by Magellan. For copies of our False Claims Laws and Whistleblower Protection policy, Medicaid Program Integrity and Compliance Program policy, Federal & State False Claims Laws summary and the Code of Conduct, please contact the Compliance Hotline at (800) 915-2108, e-mail us at compliance@magellanhealth.com; or visit the Magellan website <http://www.magellanhealth.com/mh/about/compliance/dra.aspx>.