

Innovatix, LLC
Group Purchasing Program
Prospective Supplier Questionnaire

Please type or print legibly. If a question is not applicable, indicate "N/A"

I. Background Information

Date: _____

Name of company/product/service: _____

Address: _____

Street

City

State

Zip

Website (URL): _____

Company stock symbol _____

Exchange(s) your stocks are traded on _____

Contact Name/Title: _____

Telephone Number: () _____

Fax Number: () _____

Email Address: _____

In a sentence or less, describe your company's mission _____

Please provide a brief description of your product/service _____

Who are the principal owners of the company/product/service?

On what month and year was your company incorporated? _____

Size of company/product/service:

Number of full time employees:

- < 5-10 11-25 26-50
 51-100 101-250 250+

Annual Operating Expense Budget:

- < \$250,000 \$250,000-\$500,000
 \$500,000—\$1million \$1 million—\$5 million
 \$5 million—\$10 million > \$10 million

Annual Operating Revenue:

- < \$250,000 \$250,000-\$500,000
 \$500,000—\$1million \$1 million—\$5 million
 \$5 million—\$10 million > \$10 million

Please provide the anticipated revenue streams for the company/service/product

Service/Support

Describe your services organization(s) including:

Hours of operation: _____

Locations: _____

Describe your customer service philosophy _____

Describe your plan to provide proactive, responsible customer service

What is the timeframe between placement of an order and receipt of a product?

How are products delivered to the customer?

Sales and Market

Who are your actual/potential competitors?

Name of Company	URL	Estimated market share (Percent)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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In your opinion, why are these the dominant players?

Your company's estimated market share (percent)

What is the geographic focus for the company/product/service? (Check all that apply):

- Local Regional National International

Do you have a sales force?

- Yes No

If "yes", how many employees?

Has your company contracted with any other Yes No
GPOs?

If "Yes", please identify each

Does your company currently use direct marketing? Advertising? PR? Yes No

If "yes", please describe each

Do you have an internal marketing communications person?

Yes No

How are key accounts managed?

Name two misconceptions that exist about your company

II. Needs and Benefits

What problem/need does the company/product/service seek to address?

Please describe any "value add" programs that your company can provide to Innovatix members

What potential benefits does the company/product/service offer to Innovatix members?
(Check all that apply):

- Cost savings
- Productivity/efficiency improvement
- Legal/regulatory/compliance improvement
- Patient quality of care improvement
- Data/information management
- Process improvement
- Community relations improvement
- Technology enhancement
- Other: _____

For those checked above, please briefly describe how they will be achieved: _____

Thank you for completing this questionnaire. Please return 1 copy of the package electronically or by mail to Abdel Elfilali, Senior Director, Business Solutions, Innovatix, LLC, 75 Ninth Avenue, 2nd Floor, New York, NY 10011. For questions or additional information, please contact Abdel Elfilali at elfilali@gnyha-alternatecare.com.