



DaVita Inc.
 PO Box 2037
 Tacoma, WA 98401
 (855) 748-7717
 Email DaVita Kidney Care: AP.Vendorsetup@davita.com
 Email DaVita Medical Group: DMGW9@davita.com
 FAX DaVita Kidney Care: (866) 452-1983
 FAX DaVita Medical Group: (800) 313-2380

IMPORTANT - REQUIRED TAX INFORMATION

Email & Fax are provided solely for this form*NO INVOICES ACCEPTED

The enclosed forms may be required by DaVita Inc. to establish you as a vendor in our system. Please see the explanations below in order to complete the appropriate forms.

*****PLEASE COMPLETE THIS PORTION AND RETURN THIS FORM WITH YOUR W-9*****

Vendor Name: _____

Address: _____

City, State, Zip: _____

To the best of your knowledge, do you or anyone in your company have a significant relationship with anyone at DaVita Inc. or it's subsidiaries?

Yes No

If yes, please state name and relationship:

Name: _____ Relationship: _____

Form Instructions:

W-9 Form - Do I need to complete it?

The W-9 form is required in order to be paid. Please return the W-9 form complete with signature and date.
 Prior to releasing payments, DaVita Inc. confirms all tax ID numbers and reporting names with the IRS database via their TIN Matching program.
 It is important that the question above is completed to avoid delays in payment.

Business Associate Agreement (BAA) form - Do I need to complete it?

Vendors who encounter DaVita Inc's patient information are required to complete the Business Associate Agreement Form (BAA). The following list of services are required to complete this form. This list may not be inclusive:

- | | | |
|--|--|--|
| <i>Outside Counsel</i> | <i>IT Vendors (Development, Maintenance, and Disposal)</i> | <i>Accounting/Finance</i> |
| <i>Bio-Hazard/Medical Disposal</i> | | <i>Transcription Services</i> |
| <i>Staffing/Temp Agencies</i> | <i>Marketing Vendors (Mail Houses/Market Research, etc.)</i> | <i>Data Aggregation/De-identification Services</i> |
| <i>Billing/Collections</i> | | <i>Medical Record Storage/Disposal/Shredding</i> |
| <i>External Auditors (Engaged by DaVita)</i> | <i>Accreditation Providers</i> | <i>Consulting or other Professional Services (Business, Physicians, Pharmacists, Social Workers, Dieticians, etc.)</i> |

Small Business Administration (SBA) form - Do I need to complete it?

If your business is registered with the Small Business Administration, this form is required.

ACH is DaVita Inc's preferred method of payment.

Please complete the ACH Enrollment form and submit the required supporting documents along with the other enclosed forms.

****We are asking for your assistance to complete this information in order to avoid delay in payment.****

If you have any questions regarding this request, please contact our AP Support Services team at (855) 748-7717. Thank you for your prompt attention to this matter.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (“Agreement”) is entered into by DaVita Inc., on behalf of its subsidiaries, affiliates, and related organizations (collectively “Covered Entity”), and _____ (“Business Associate”) as of the date that Covered Entity signs this Agreement (“Effective Date”).

RECITALS

WHEREAS, Covered Entity and Business Associate have entered into an agreement (“Supply Agreement”) whereby Business Associate provides products and/or services (collectively “Deliverables”) to Covered Entity; and

WHEREAS, Business Associate requires access to Protected Health Information or other health information that is protected by state and/or federal law in connection with its performance of the Supply Agreement; and

WHEREAS, Covered Entity and Business Associate desire to reflect their mutual understanding regarding the use, disclosure and general confidentiality obligations of Business Associate relating to any Protected Health Information that Business Associate accesses in connection with its performance of the Supply Agreement and to allow Covered Entity and Business Associate to fully comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, the “Privacy Rule” (45 CFR Parts 160 and 164, subparts A and E), the “Security Rule” (45 CFR Part 164, subparts A and C), and the federal “Breach Notification Rule” (45 CFR Part 164, subpart D), as amended or added by the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and its implementing regulations (collectively “HIPAA”).

NOW, THEREFORE, the parties agree as follows:

1. DEFINITIONS

- 1.1 “PHI” and “Protected Health Information”** mean “protected health information” as defined in the Privacy Rule.
- 1.2 “Covered Entity PHI”** means PHI that is created, maintained, transmitted, or received by Business Associate from or on behalf of Covered Entity.
- 1.3 Other Capitalized Terms:** All other capitalized terms used, but not otherwise defined, herein have the meanings ascribed to them in HIPAA.
- 1.4 Amendments to HIPAA:** A reference in this Agreement to a section of HIPAA means the section as it exists on the Effective Date or as it may be amended during the term of this Agreement.

2. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

- 2.1. Permitted Uses:** Business Associate will use Covered Entity PHI solely as permitted by this Agreement to (i) provide the Deliverables or (ii) carry out the proper management and administration of Business Associate, provided however, that in no circumstance may Business Associate use Covered Entity PHI in a manner that, if done by Covered Entity, would violate HIPAA.
- 2.2. Permitted Disclosures:** Business Associate shall (i) hold Covered Entity PHI in confidence and (ii) not disclose Covered Entity PHI except as (A) Required by Law, (B) permitted by this Agreement to provide the Deliverables, or (C) necessary for the proper management and administration of Business Associate;

provided that (x) such disclosure is limited to the minimum amount of PHI necessary, (y) Business Associate obtains reasonable assurances from the recipient that the PHI will remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to recipient, and (z) recipient agrees to notify the Business Associate of any known breach of the confidentiality of the disclosed PHI .

2.3. Obligations of Business Associate:

- 2.3.1. De-Identified Health Information:** Except as otherwise provided herein, Business Associate will not de-identify any Covered Entity PHI without Covered Entity's prior written consent, provided however, such consent will not be required for Business Associate to de-identify PHI in accordance with the Privacy Rule as necessary to provide the Deliverables under the Supply Agreement.
- 2.3.2. Safeguards:** Business Associate shall implement appropriate administrative, physical and technical safeguards to prevent the use or disclosure of Covered Entity PHI for any purpose other than those permitted by this Agreement.
- 2.3.3. Minimum Necessary:** Business Associate will make reasonable efforts to use, disclose and request of Covered Entity only the minimum amount of PHI reasonably necessary to accomplish the intended purpose of the use, disclosure or request. Without limiting the generality of the foregoing, Business Associate shall act in accordance with any related guidance promulgated by HHS.
- 2.3.4. No Sale of PHI:** Except as specifically permitted by the Supply Agreement or approved by Covered Entity's prior written consent, Business Associate will not sell, transfer, sub-license or disclose Covered Entity PHI to a third party, or receive any remuneration for the same. Any approved sale must be in accordance with the Privacy Rule.
- 2.3.5. No Marketing:** Business Associate will not use or disclose Covered Entity PHI for any marketing activities, without Covered Entity's prior written consent. Any permitted use must be in accordance with the Privacy Rule.
- 2.3.6. Agents and Subcontractors:** Prior to disclosing Covered Entity PHI to any agent or Subcontractor engaged in accordance with the Supply Agreement, Business Associate will ensure that such agent or Subcontractor is bound to the same restrictions, obligations and conditions as required in this Agreement.
- 2.3.7. Inspection and Copies:** Within ten (10) business days after receiving Covered Entity's written request, Business Associate will make Covered Entity PHI in a Designated Record Set within Business Associate's custody or control available to Covered Entity or, at Covered Entity's direction, to an Individual (or the Individual's Personal Representative) for inspection and copying pursuant to 45 CFR § 164.524.
- 2.3.8. Amendments:** In accordance with 45 CFR § 164.526, Business Associate shall amend a Designated Record Set containing PHI promptly upon receiving Covered Entity's written notice.
- 2.3.9. Documenting Disclosures:** Business Associate shall document all of Business Associate's disclosures of Covered Entity PHI other than disclosures to Covered Entity, an Individual, or an Individual's health care providers for treatment or payment purposes. This documentation shall

include: (1) the date of the disclosure; (2) the name of the entity or person who received the Covered Entity PHI and, if known, the address of such entity or person; (3) a brief description of the Covered Entity PHI disclosed; and (4) a brief statement that would reasonably inform the Individual of the basis for the disclosure.

- 2.3.10. Accounting of Disclosures:** Business Associate will maintain records of its disclosures of Covered Entity PHI as necessary for Covered Entity to respond to an Individual's request for an accounting of disclosures pursuant to 45 CFR § 164.528. Business Associate shall, within ten (10) business days of receiving Covered Entity's written notice, make such records available to Covered Entity for the purpose of Covered Entity providing Individuals with an accounting of the disclosures of their PHI as required by 45 CFR § 164.528.
- 2.3.11. Restriction Agreements and Confidential Communication Requests.** Business Associate shall comply with any agreement that Covered Entity makes that either (i) restricts the use or disclosure of Covered Entity PHI pursuant to 45 C.F.R. § 164.522(a) or (ii) requires confidential communication about Covered Entity PHI pursuant to 45 C.F.R. § 164.522(b), provided that Covered Entity has notified Business Associate in writing of such restriction or confidential communication obligation.
- 2.3.12. Access to Books and Records:** Business Associate will make its internal practices, books, and records related to the use and disclosure of PHI available to Covered Entity for the purpose of determining Business Associate's compliance with this Agreement and to HHS for the purpose of determining Business Associate's and/or Covered Entity's compliance with HIPAA.
- 2.3.13. Breach of Agreement, Privacy Rule or Security Rule; Security Incident Reporting; Breach Notification involving Unsecured PHI:** Business Associate will report to Covered Entity, within seventy-two (72) hours of discovery, any (i) breach of this Agreement; (ii) Security Incident as defined at 45 C.F.R. Part 164, Subpart C; or (iii) Breach as defined at the Breach Notification Rule (collectively "Incident"). Business Associate's report will include (i) any available information that Covered Entity would otherwise be required to include in a notification to the Individual under 45 C.F.R. Part 164.404(c) or under any other applicable HIPAA provision or State law, and (ii) such other information, as may be otherwise required by law and/or reasonably requested by Covered Entity.
- 2.3.14. Health Information Policies and Procedures:** When performing under the Supply Agreement, Business Associate will comply with Covered Entity's vendor policies and procedures pertaining to health information and confidentiality of Covered Entity's PHI as published at <https://www.davita.com/about/vendor-information>.
- 2.3.15. Security Rule Obligations:** In addition to complying with Covered Entity's policies and procedures as provided in Section 2.3.14, Business Associate will comply with all aspects of the Security Rule and the HITECH Act, including (i) implementing Safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity as required by the Security Rule and the HITECH Act and (ii) developing and implementing all required policies and procedures.
- 2.3.15.1. Addressable Specifications:** Where the Security Rule categorizes an implementation specification as "Addressable," Business Associate may analyze whether in Business Associate's environment such implementation specification constitutes a reasonable and appropriate safeguard that is likely to contribute to protecting Covered Entity PHI.

Business Associate shall have the reasonable discretion, based on that analysis, to either: (i) implement the implementation specification as set forth in the Security Rule; or (ii) document why Business Associate has determined that implementation of specification as set forth in the Security Rule is not reasonable and appropriate and implement an equivalent alternative measure that will adequately protect Covered Entity PHI.

2.3.15.2. Breach of Obligations Relating to Security Standards: In the event that Business Associate breaches any of its covenants and obligations under this Section 2.3.15, Covered Entity may, in addition to any other remedies, prohibit Business Associate from receiving Covered Entity PHI until such breach is remedied to Covered Entity's satisfaction.

2.3.16. Compliance with Law: During the term of this Agreement, Business Associate shall comply with all applicable federal, state and local laws, rules and regulations pertaining to patient records and the confidentiality of patient information, including PHI. To the extent Business Associate is to carry out Covered Entity's obligation under the Privacy Rule, Business Associate shall comply with the requirements of the Privacy Rule that apply to Covered Entity.

2.3.17. Mitigation: Business Associate will take all reasonable and necessary steps, in accordance with Covered Entity's instructions, to negate any known harmful effect resulting from Business Associate's use or disclosure of Covered Entity PHI in violation of this Agreement.

2.4. Indemnity: Business Associate will indemnify and hold harmless Covered Entity and its directors, officers, employees, agents, successors and assigns from and against all losses (including awards, fines, penalties and the reasonable costs of investigation, defense, and any remedial actions), arising out of any breach of this Agreement by Business Associate.

3. OBLIGATIONS OF COVERED ENTITY

3.1. Restrictions Requests and Confidential Communications: Covered Entity will notify Business Associate, in writing, of any agreement Covered Entity makes regarding any restriction or requirement for confidential communication (including any changes or revocation of such restriction agreement or confidential communication requirement), with respect to the use or disclosure of PHI pursuant to 45 C.F.R. § 164.522, to the extent that such restriction agreement or confidential communication requirement may affect Business Associate's use or disclosure of Covered Entity PHI in performing under the Supply Agreement.

3.2. Safeguards: Covered Entity will: (i) employ appropriate safeguards to maintain and ensure the confidentiality, privacy and security of PHI transmitted to Business Associate pursuant to this Agreement and the Supply Agreement, in accordance with the standards and requirements of HIPAA, the Privacy Rule and Security Rule, until such PHI is received by Business Associate; (ii) inform Business Associate of any consent or authorization, including any changes in or withdrawal of any such consent or authorization, provided to Covered Entity by an Individual pursuant to 45 C.F.R. § 164.506 or § 164.508; and (iii) permit Business Associate to make any use or disclosure of Covered Entity PHI required under 45 C.F.R. § 164.512.

4. TERM AND TERMINATION

- 4.1. Term:** This Agreement shall commence on the Effective Date and remain in effect until terminated in accordance with Section 4.2.
- 4.2. Termination:**
- 4.2.1.** This Agreement will terminate automatically upon the termination or expiration of the Supply Agreement.
 - 4.2.2.** Covered Entity may terminate this Agreement for Business Associate's material breach, where such breach is not corrected to the reasonable satisfaction of Covered Entity by Business Associate within thirty (30) days of receiving Covered Entity's notice of breach.
- 4.3. Effect of Termination:** Upon termination of this Agreement, Business Associate shall return or destroy all Covered Entity PHI. In the event Business Associate determines (and Covered Entity agrees) that return or destruction is not feasible, Business Associate will extend the protections required in this Agreement to the Covered Entity PHI and limit further uses and disclosures to only those purposes that make the return or destruction of the information infeasible.
- 4.4. Survival:** The terms of this Agreement shall continue to apply with regard to any Covered Entity PHI that Business Associate retains following the termination of this Agreement. To the extent that Business Associate does not retain any Covered Entity PHI post termination, the provisions of this Agreement shall survive as necessary to ensure each party's continued compliance with HIPAA or applicable analogous state laws.

5. MISCELLANEOUS

- 5.1. Amendment:** No modification of this Agreement will be effective unless made in writing signed by each party. Each party will cooperate reasonably to amend this Agreement in the event that such amendment is necessary for Covered Entity and/or Business Associate to comply with any new final regulation or amendment to final regulation promulgated by HHS during the term of this Agreement.
- 5.2. Notices:** Any notices to be delivered hereunder shall be delivered in accordance with the notice provision(s) of the Supply Agreement; provided, that a copy of any notice to Covered Entity shall also be delivered to: DaVita Inc., 2000 16th St. 12th Floor, Denver, CO 80202, Attention: Privacy Office. Notice shall be in writing and shall be deemed effective when personally delivered or, if mailed, three (3) calendar days after the date deposited in the United States mail, first class, postage prepaid, to the addressee at its current business address.
- 5.3. Counterparts:** This Agreement may be executed in counterparts, each of which shall be deemed an original and when taken together shall constitute one agreement.
- 5.4. Governing Law:** This Agreement is governed by the laws of the State of Colorado and applicable federal law. Any dispute arising under this Agreement shall be heard exclusively in the state or federal courts located in Denver, Colorado. Each party consents to the jurisdiction of such courts.
- 5.5. Joint Preparation:** Each party: (i) has participated in the preparation of this Agreement; (ii) has read and understands this Agreement; and (iii) has been represented by counsel of its own choice in the negotiation and preparation of this Agreement, and (iv) represents that this Agreement is executed voluntarily and should not be construed against any party solely because such party drafted some or all

of this document.

- 5.6. Severability:** Whenever possible, each provision of this Agreement shall be interpreted in such manner to be effective and valid under applicable law, but if any provision of this Agreement is held to be invalid, illegal or unenforceable in any respect under any applicable law or rule in any jurisdiction, such invalidity, illegality or unenforceability will not affect any other provision in any other jurisdiction, but this Agreement will be reformed, construed, and enforced in such jurisdiction as if such invalid, illegal or unenforceable provision had never been contained herein.
- 5.7. Waiver:** Any waiver of rights under this Agreement must be in writing, signed by the waiving party. Any such waiver is limited to its express terms. Waivers will not be implied from any action or inaction of a party.
- 5.8. Entire Agreement:** This Agreement supersedes any and all prior business associate agreements and understandings relating to its subject matter, whether oral or written, between the parties.
- 5.9. Independent Contractor:** Nothing in this Agreement shall be deemed or construed to create, any relationship between the parties hereto other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement, or to create any partnership, joint venture, legal association, or other operating relationship other than that of independent contractors. The governing bodies of each party shall have exclusive control of the policies, management, assets, and affairs of their respective organization.

IN WITNESS WHEREOF, the parties hereto have caused this Business Associate Agreement to be executed and delivered as of the Effective Date.

COVERED ENTITY:

BUSINESS ASSOCIATE:

BY: _____

BY: _____

ITS: _____

ITS: _____

DATE: _____

DATE: _____



P.O. Box 2037
 Tacoma, WA 98401-2037
 1423 Pacific Ave.
 Tacoma, WA 98402
 Tel: (253) 272-1916

 www.davita.com

Dear DaVita Vendor,

As part of our vendor review processes and our on-going reporting, DaVita is reaching out to current vendors to determine which companies are certified with the Small Business Administration.

We would like to know if your company is certified in any of the following categories: HUBZone, Service-Disabled Veteran-Owned (SDVOSB), Small Disadvantaged Business (SDB), Veteran Owned Small Business (VOSB), and Women-Owned Small Business (WOSB)

If you would like to learn more about the Small Business Administration program, please go to <http://www.sba.gov/>. If you have any questions about this form, please send an email to palshelpdesk@davita.com or call 866-554-9344.

Vendor Name: _____ **Tax ID#** _____

No, I am not certified as a Small Business under the SBA

Yes, I am certified as a Small Business under the Small Business Administration and classified as (place an X next to the respective category):

- | | |
|---|--------------------------------------|
| 1. HubZone: ____ | 5. Women Owned: ____ |
| 2. Service Disabled Veteran Owned: ____ | 6. Other: ____, Describe here: _____ |
| 3. Small Business: ____ | 7. Minority Owned: ____ |
| 4. Veteran Owned: ____ | |

No, I am not certified as a Member of the NMSDC (National Minority Supplier Development Council)

Yes, I am certified as a NMSDC and classified as (place an X next to the respective category):

Are you a for-profit enterprise physically located in the United States or its trust territories, which is 51% owned, operated and controlled by minority group members, defined from the following (place an X next to the respective category):

- Native American: ____
- Subcontinent Asian American: ____
- Black American: ____
- Hispanic American: ____
- Asian Pacific American: ____

Certificate # _____ Certifying Agency _____ Expiration date _____

Certificate # _____ Certifying Agency _____ Expiration date _____

Name of Person filling out this form: _____

Signature _____ **Date** _____

Phone _____ **email** _____

Please provide the information below and submit a response as soon as possible. Please send the completed information to either of the following:

Email: AP.Vendorsetup@davita.com

Or mail to: DaVita Inc., Attn: AP Vendorsetup, PO Box 2037, Tacoma, WA 98401-2037

Our Mission: To Be The Provider, Partner and Employer of Choice

Supp Name:
Supp Num:
Office use only



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Instructions complete all 4 sections: **To initiate payment you must attach a VOIDED check (pre-printed/not handwritten) OR a signed letter from your Bank OR a signed Company Letter with all information needed and by a current/new vendor. For a savings account a letter must come from your Bank.**

Section 1. SET UP

Initiate Direct Deposit Change Deposit Information Terminate Direct Deposit

PLEASE PRINT (* INDICATES REQUIRED ITEMS)

Section 2. COMPANY INFORMATION

*BUSINESS OR INDIVIDUAL NAME

*PAYMENT ADDRESS

CONTACT PERSON

*CITY, STATE, ZIP CODE

*E-MAIL ADDRESS FOR REMITTANCE ADVICE

*PHONE# (FOR QUESTIONS)

Section 3. BANK INFORMATION

*BANK NAME

*ACCOUNT NUMBER

*BANK ROUTING/ABA #
(check with your banking institution)

*ACCOUNT TYPE: [] CHECKING [] SAVINGS

*BANK CONTACT

*BANK TELEPHONE NUMBER

Section 4. AUTHORIZATION

I certify that the information above is true and correct, and that I, as a representative for the above named company, hereby authorize DaVita Inc. Accounts Payable to electronically deposit payments to the designated bank account. In case of inadvertent payments, the duplicate payment may be reversed. The financial institution is authorized to credit amounts to this account and reverse any duplicate credits. This authority remains in full force until DaVita Inc. Accounts Payable receives written notification requesting a change or cancellation.

*COMPANY AUTHORIZED NAME PRINTED

*AUTHORIZING SIGNATURE

DATE

RETURN TO DAVITA AP DEPARTMENT:

FAX

EMAIL

DaVita Kidney Care 866-452-1983
DaVita Medical Group 800-313-2380

AP.Vendorsetup@davita.com
DMGW9@davita.com

Phone 855-748-7717
Phone 855-748-7717

Office Use Only

Setup Bank Verified on banking sites Bank Already Setup Setup Bank Account
 E-mailed Supp Acct is setup

Initials _____ Date _____