

VVMC and FMC SURGERY AREA NEW PRODUCT FORM

(Please Print)

APPLICATION FOR PRODUCT CONSIDERATION

Your Application will be reviewed by the OR-Product Evaluation Committee for processing who meet every TUESDAY. Approval must be given by OR-PEC. Product and equipment will not be purchased or trialed, prior to the committee's approval. Kathy Croy (928) 214-2840 Committee
MAKE sure you are registered in Vendormate: <https://nahealth.vendormate.com>

In order for the OR-PEC to act on each application ALL supporting literature, including price list, common configuration for use, reimbursement CPT and DRG codes must be included with this form. Complete this form, send to fax (928) 214-3630 or email Kathy.croy@nahealth.com. For VVMC send it to Jerry Hadley at fax# (928) 639-6344 or email Jerry.Hadley@nahealth.com.

PRODUCT INFORMATION – ONE ITEM PER REQUEST

PRODUCT: _____		Catalog# _____		Today's Date: _____	
Requestor Name: _____			Phone: _____		
Requesting Surgeon(s) or Specialty Area: _____			Needed By: _____ (First get approval OR-PEC)		
EACH PRICE: _____	Buy UOM: _____	Consign? YES / NO	Do you have contract with Amerinet? YES / NO	Does this Replace Existing Product? L# Mfg# _____ Price: _____	

What is CURRENTLY being done WITHOUT this product?

PROVIDE JUSTIFICATION, ANTICIPATED BENEFIT? (Include evidence-based data and/or safety features, where applicable. Attach additional info if needed.)

FMC Usage	VVMC Usage:	Annual Savings / Cost:	Patient Chargeable? YES / NO	Current Item in Inventory? How Much?	Current Par Qty/Loc
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WHAT PROCEDURES USED IN?: _____
New Service/Procedure: No Yes
Is this a one-time use: No Yes

VENDOR REP SECTION

(Attach your Business Card, Price List and Reimbursement Codes) - Register at <https://nahealth.vendormate.com>

VENDOR: _____	MANUFACTURER: _____	DIVISION: _____	Rep First Name: _____	Reps Last Name: _____	Phone#: _____
Any Equipment / supplies needed? Special Storage?			Rep's Email: _____		

SPECIALITY LEADERS PLEASE FILL OUT

Lawson#	Lawson Description	Mfg#	Each Price	Specialty	Par Level	PO#
	s	d	d			

Order Prod?	Evaluation	OR-PEC Meeting	Reason	Steps	Used Only	GL#
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Start <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Cost <input type="checkbox"/> Std <input type="checkbox"/> Quality / Safety <input type="checkbox"/> Clinical Need <input type="checkbox"/> Easier to Use	<input type="checkbox"/> Create PO <input type="checkbox"/> Create Lawson# <input type="checkbox"/> Add Cerner <input type="checkbox"/> Add Guides	<input type="checkbox"/> FMC <input type="checkbox"/> VVMC	<input type="checkbox"/> 930001 <input type="checkbox"/> 946001 other: _____

ROUTE	Inactivate Item#	Used Only
		<input type="checkbox"/> FMC <input type="checkbox"/> VVMC