Dear Vendor:

Welcome to Oswego Health!

The purpose of the New Vendor Packet is to keep you, our valued vendor partner, better informed and ensure prompt payment of your invoice.

This New Vendor Packet sets forth our terms and conditions along with our operational requirements of vendor partners in order to sell products and services to Oswego Health.
Oswego Health Vendor Guide

Vendor Relations
Oswego Health is committed to ethical, integrity, and honest business dealings with our vendors, and we strive to develop mutually advantageous relationships. In conducting business with vendors, employees and medical staff are also expected to act fairly and objectively and in the best interest of Oswego Health. Our selection of vendors will be based on quality product, competitive pricing, quality service, the offer of friendly contract language.

Gifts and Entertainment
Employees and medical staff may not accept gifts or gratuities from suppliers.

Samples of Goods and Services
Samples of goods and services may be accepted only for purposes of evaluation and must be procured in accordance with Oswego Health policy. Evaluation product and/or equipment MUST be presented to Oswego Health through a valid No-Charge purchase order and must be accompanied by a No-Charge Evaluation Agreement detailing all terms and conditions of the evaluation.

Vendor Credentialing
Oswego Health is part of the Symplr vendor credentialing community. All vendors who wish to gain access to our facilities are required to register by visiting www.symplr.com. Vendors will not be allowed access to Oswego Health facilities without being registered in Symplr.
Vendor Protocol

Vendor protocols establish general operating procedures for all representative visits, and the receipt and delivery of products.

These procedures apply to all vendors servicing the Oswego Health System.

Vendor Receipt and Delivery to the Oswego Health System

- All packing slips, invoices, manifests, and like documentation must have reference to the purchase order numbers.
- All packing slips, invoices, manifests, and like documentation must include the stock number assigned when supplied on the purchase order. This applies to storeroom stocked items.
- Multiple purchase order invoices and packing slips must be illustrated in such a way that each line item is identifiable to a specific purchase order.
- Reference must be made on the packing slip and invoices to those items that were not filled to complete status (partial, backorder, etc.) on the purchase order processed.
- Shipments that are drop-shipped by a vendor not indicated on the Purchase order must have the original vendors name and System issued purchase order number on the packing slip.

Vendor Representative Visitation Protocol – Oswego Health

- All vendors who wish to visit a specific individual within a unit or a department must schedule an appointment following the guidelines established in that area. (VISITATION IN THE SURGERY DEPARTMENT IS BY APPOINTMENT ONLY)
- Vendor representative must secure an appointment from the appropriate individual within Materials Management prior to a visit. Vendors entering patient care areas at any Oswego Health facilities must comply and sign in through the Symplir credentialing system prior to entering Oswego Health’s facilities.
- Any observed or reported violation of the Oswego Health visitation policy will be handled in the following manner unless deemed to be a major behavior violation:
  - 1st Occurrence – a written documentation of the incident will be filed in Materials Management with copies sent to the Vendor Representative and his/her immediate supervisor. The document will state that if the incident reoccurs, the vendor representative may be barred from Oswego Health.
Vendor Protocol (cont.)

- 2nd Occurrence – A letter will be sent to the vendor representative’s immediate supervisor with a copy to the representative’s senior sales and marketing officer informing them that a second incident occurred violating the Oswego Health Systems policy and that this specific individual may be barred from Oswego Health facilities. Should it be decided the transgression warrants such a decision, another representative may be substituted as to continue the vendor/institutional relationship. The vendor representative’s superior will notify Oswego Health Materials Management staff immediately of the substitute representative.

A contract or purchase order signed by other than an officer of the respective corporations, or by the materials Management Department, is invalid and voidable. No employee (except those above) have the authority to bind any Oswego Health entity to a contract, purchase order or agreement, promise to pay, sale or trade-in, custodial obligation or equipment evaluation, contractual change or relief, lease or rental agreement, or purchase order modification, addition, or deletion. Any such improper obligation, even if initially honored by Oswego Health system is voidable at the discretion of Oswego Health.
NEW VENDOR PACKET GUIDELINES

In order to create a purchase order, the vendor must be approved and processed as an authorized Oswego Health vendor. The following process must be followed to add a new vendor to the Approved Vendor Listing.

1. A new packet must be completed in its entirety by the prospective vendor and submitted via mail or email to the Accounts Payable department.

2. The following items constitute a “new vendor packet”:
   a. New Vendor Form (1 Page),
   c. Suspension and Debarment Form,
   d. Conflict of Interest Form (1 page)
   e. SUD Reprocessing Program

3. When the required documentation is submitted to the finance Office, Accounts Payable will verify the new vendor forms for completeness.

4. All new vendor requests will be approved by Materials Management before a vendor is assigned a vendor identification number.

5. Once verified and approved, the new vendor will be set up in Meditech.

6. If applicable, the requesting department will be notified of the new Vendor ID number assigned for the requested vendor.

7. The review, approval set-up of new vendors takes approximately five (5) business days, please plan accordingly.

8. Once the new vendor is added, the requesting department may enter an purchase requisition using the Meditech System

If the required documentation is not received from the vendor, the vendor will not be added to Meditech.
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 7 CFR Part 3017, Sections 3017.510, Participant’s responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733).

1. The prospective bidder certifies, by submission of this proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective bidder is unable to certify to any of the statements in this certification, such prospective bidder shall attach an explanation to this proposal.

________________________________________
Organization Name

________________________________________
Name and Title of Authorized Representative

________________________________________
Signature  Date
Conflict of Interest Disclosure Form for Vendor or other person doing business with Oswego Health

All vendors interested in doing business with Oswego Health must complete and return the Vendor Conflict of Interest Disclosure Form in order to be eligible to be awarded a contract or purchase order.

If a vendor has a relationship with an Oswego Health employee or an immediate family member of an Oswego Health employee, the vendor shall disclose the information required below.

Certification: I hereby certify that to my knowledge, there is no conflict of interest involving the vendor named below:

1. No Oswego Health employee immediate family member has an ownership interest in vendor’s company or is deriving any financial gain from this transaction.
2. No retired or separated Oswego Health employee has been rehired or separated from the organization for less than one (1) year has an ownership interest in vendor’s company.
3. No Oswego Health employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar or any other gratuities to any Oswego Health employee to obtain a contract.
5. Please note any exceptions below:
Vendor Name | Vendor Phone Number

**Conflict of Interest Disclosure**

Name of Oswego Health employee or immediate family members with whom there may be a potential conflict of interest

( ) Relationship to employee ________________

( ) Interest in vendor’s company ________________

( ) Other ________________________________

I certify that the information provided is true and correct by my signature below:

______________________    __________    __________________________
Signature of Vendor Representative    Date    Printed Name of Authorized Representative
You and your company are hereby informed that Oswego Health has initiated a single use device (SUD) reprocessing with Stryker sustainability. The decision was made after careful consideration of scientific data and regulations, the safety record of the third party reprocessing industry and the dramatic reduction in supply costs.

As a partner in our efforts to support Oswego Health’s goal of providing excellent healthcare, your assistance is anticipated and expected as we move on with this initiative. Oswego Health administration as well as the physicians are in full support.

Facts:

1. In June 2000, a report by the General Accounting Office (GAO) stated, “CDC experts said they were not aware of patient illnesses caused by SUD reuse in the last decade. In the years since, the FDA has developed and implemented a heightened program of oversight of reprocessing by increasing inspections of preprocessors and hospitals.

2. With FDA guidelines and the MDUFMA Act of 2002, reprocessing is now codified in Federal Law and there arguably more government regulatory oversight to ensure the safety and effectiveness of reprocessing devices labeled by the Manufacturer as “single-use” than almost any other type medical use device used on patients.

3. Because FDA requires the filing of scientific cleaning and sterilization validation data prior to allowing a reprocess or to process any device, one can make a strong justification that there is a greater level of assurance that reprocessed single-use devices are not only clean and sterile and will not place patients in harm’s way, but there use could even reduce the risk of patients from malfunctioning products, which happens frequently with new devices,

4. Stryker Sustainability, Oswego Health’s selected vendor, has been inspected by the FDA and has not received any deficiencies. Furthermore, Stryker Sustainability has received all appropriate 510K documentation for reprocessing medical devices we have chosen to include in the initiative.
In order to meet our goals for success with this program, Oswego Health’s expectations of you and your company are as follows:

1. Do not speak negatively to any physician, nurse, or employee about SUD reprocessing while on Oswego Health’s properties.
2. Do not distribute any negative materials about SUD reprocessing while on Oswego Health’s properties.

VENDORS AUTHORIZED SIGNATURE

By my signature below, I certify that the below named firm, organization, or corporation, including all its employees and subcontractors, agrees to comply with the expectations set forth in this notice at all times while on-site at any Oswego Health Facility.

Company Name: __________________________________________________________

Signed By: ___________________________________________ Date: _________________

Print Name: ___________________________________________ Title: ________________
Oswego Health New Vendor Request Form

Company Legal Name: ______________________________________________________

Taxpayer Identification Number (EIN/SIN): ________________________________

D&B Duns Number: (if listed with D&B): ________________________________

Vendor Website Address: ________________________________________________

Requesting Department or Entity: __________________________________________

___ “C” Corporation ___ “S” Corporation ___ Sole Proprietor ___ Partnership ___ LLC

Order from Information

Address: ______________________________________________________________

City: ___________________________ State: _____ Zip: __________

Phone Number: ______-__________ Fax Number: _________________________

Account Representative: __________________________ Title: ________________

Email: ______________________________________________________________

Payment Information

Remit to: _____________________________________________________________

City: ___________________________ State: _______ Zip: _________________

Phone Number: ____-___________ Fax Number: _____-_______________

A/R Contact: ______________________ Title: _________________________

Email: ________________________________
Purchase Order Required for Vendor Payment

Orders are not considered binding, nor will respective invoice be paid, without a corresponding and authorized Purchase Order and Receiving Report, service Contract and corresponding signed Work Order or Consulting Agreement.

Materials Management is solely authorized to commit Oswego Health funds for any purchases. This committal is accomplished by issuing Purchase Order.

Any orders placed directly to a Vendor by a Department (Unauthorized Request Issued by a Department) are not valid.

Invoices for Unapproved Orders must be presented from the Vendor to the individual responsible for placing the order.

After-the-Fact PO’s (those PO’s generated to an incoming invoice for a Vendor that isn’t contracted) are not generally acceptable, but we recognize that normally acceptable. These invoices need to be associated with either a contract or an agreement that stipulates the payment terms agreed upon by the Vendor and Oswego Health. All-After-the-Fact Po’s generated will be monitored and the Report provided on a monthly basis to Hospital leadership for their review and follow up. The goal is to have less After-the-Fact PO’s created on a monthly basis. Vendor that have recurring PO’s will need to be contracted or will risk being blocked in our MMIS System until there is resolution to their contracts for Products and services and their billing practices.
Request for Taxpayer Identification Number and Certification

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

1. Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.

2. Business name/described entity name, if different from above.

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.

   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company

   Note: Check the appropriate box 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.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)

   - Exempt payee code (if any)

   Exemption from FATCA reporting code (if any)

   (Applicable to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

   Requester’s name and address (optional)

7. List account number(s) here (optional)

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

- 

- 

- 

- 

Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or if I am waiting for a number to be issued to me); and
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must check off 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.

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-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 1099 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1098-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.
By signing the filed-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-8 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
• An estate (other than a foreign estate); or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners’ share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8223 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8223.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C-corporation that elects to be an S corporation, or if no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.
Specific Instructions

Line 1
You must enter one of the following on this line: do not leave this line blank. The name should match the name on your tax return. If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name. Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-3(a)(29)(iii), Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3
Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.
The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13:

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.
2 However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 701(a)(7)
B—The United States or any of its agencies or instrumentalities
C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of its political subdivisions or instrumentalities
D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(f)(1)(i)
F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G—A real estate investment trust
H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I—A common trust fund as defined in section 584(a)
J—A bank as defined in section 581
K—A broker
L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payee changes your address information in their records.

Line 6
Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box, if you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/OrdersForms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrdersForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification
To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise. For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.
1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account: Give name and SSN of:

1. Individual
2. Two or more individuals (joint account other than an account maintained by an FFI)
3. Two or more U.S. persons (joint account maintained by an FFI)
4. Custodial account of a minor (Uniform Gift to Minors Act)
5. a. The usual revocable savings trust (grantor is also trustee)
   b. So-called trust account that is not a legal or valid trust under state law
6. Sole proprietorship or disregarded entity owned by an individual
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(3)(ii)(A))
8. For this type of account: Give name and EIN of:
   a. Disregarded entity not owned by an individual
   b. A valid trust, estate, or pension trust
   c. Corporation or LLC electing corporate status on Form 8832 or Form 2553
   d. Association, club, religious, charitable, educational, or other tax-exempt organization
   e. Partnership or multi-member LLC
   f. A broker or registered nominee

1. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments
2. The grantor-trustee
3. The grantor
4. The owner
5. The corporation
6. The organization
7. The partnership
8. The broker or nominee

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:
- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-909-4490 or submit Form 14039.

For more information, see Pub. 5017, Identity Theft Information for Taxpayers.

 Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4009.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or IDTheft (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payee. Certain penalties may also apply for providing false or fraudulent information.
Oswego Hospital Supplier Pay

Dear Valued Supplier:

Oswego Hospital prefers to pay vendor invoices with automated Visa card payments, called Supplier Pay. Instead of by check or other payment methods.

Specific benefits you may experience when you accept payment by Visa Commercial Card:

- Accelerated payment and improved cash flow
- Reduced paperwork and streamlined accounts receivables process
- Real-time notifications for each card payment
- Complete remittance detail to support efficient receivables posting
- No changes or modifications to your existing card acceptance procedures

How it Works:
Upon enrolling, you will receive an automated remittance email for each payment. These emails will contain a link to a secure web portal where you will obtain a unique Visa credit card account number, the amount to charge and the other pertinent details of the transaction needed to process and reconcile your payments. The credit card account will change with each payment so you will not need to keep this information on file.

To Enroll:
To enroll in this new payment arrangement, please have an authorized company representative complete the below fields for each appropriate remittance address and email your acknowledgement to accountspayable@oswegohealth.org

<table>
<thead>
<tr>
<th>Company Name:</th>
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<tbody>
<tr>
<td>Remittance Address:</td>
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<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
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<tr>
<td>Contact Name:</td>
</tr>
<tr>
<td>Contact Title:</td>
</tr>
<tr>
<td>Contact Phone:</td>
</tr>
<tr>
<td>Remittance Email(s)*:</td>
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<tr>
<td>CVV2 Required:</td>
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*This is either a Receivable Department email or designated person to process card transaction payments. Please contact Accounts Payable at: 315-349-5538 or by email at accountspayable@oswegohealth.org for questions
1. Why has Oswego Hospital decided to pay suppliers by Visa card payments?
   - Our goal is to optimize our commercial card program in order to improve process efficiency and working capital management, as well as reduce the cost of processing paper checks.
   - This initiative also supports our green initiative by reducing our use of paper.
   - Suppliers benefit from this strategy as well, since Visa payments provide consistent, predictable payments and allow for streamlined processes.

2. What are the benefits to suppliers of receiving payment by Visa payment solutions instead of check or other payment methods?
   - More and more, suppliers are coming to realize that they can enjoy significant, tangible savings from accepting Visa payment solutions from their customers, including:
     - **Working Capital Management**: Oswego Hospital anticipates participation in this program to result in payment acceleration to our suppliers.
     - **Process Efficiency**: Suppliers can reduce internal processing and transaction costs by eliminating paper-based processes, including check processing and associated reconciliation efforts.
     - **Customer Acquisition and Retention**: By allowing Oswego Hospital to pay by Visa Commercial Card, suppliers provide a valued service which may be a determining factor in becoming or remaining a preferred supplier. Additionally, as other customers seek to concentrate spend, suppliers who offer flexible and beneficial payment solutions may receive increased revenue and strengthen their competitive advantage.
3. Can suppliers receive payment by ACH instead of card?

- Our goal is to expand our commercial card program as much as possible in order to optimize the benefits we can achieve from process efficiency, working capital management, and spend visibility. As such, our preferred method is a Visa card payment.

4. Are there fees associated with receiving payment by Visa card payments?

- The standard processing fees administered by a supplier’s merchant acquiring bank will apply. We encourage suppliers to review their merchant account agreement and discuss ways to achieve the most favorable rates with their bank. Additional programs may be available to help reduce these fees based on the transaction size, level of data provided, and frequency of transactions processed.

**New Payment Process**

5. How will card payment change Oswego Hospital’s current purchasing and payment process with suppliers?

- The current processes for orders and invoices will remain the same. The only change will be to the payment process.

- Suppliers will receive an automated remittance email for each payment. These emails will contain a link to a secure web portal where suppliers will obtain a unique Visa credit card account number, the amount to charge and the other pertinent details of the transaction needed to process and reconcile payments. The credit card account will change with each payment so this information will not need to be kept on file.

- The new process will allow both suppliers and Oswego Hospital to streamline operations.
6. What is the process for being paid by Oswego Hospital’s SupplierPay program?

- Suppliers will receive an automated email notification for each payment. These emails will contain a link to a secure web portal where the supplier will obtain the unique Visa credit card account number, the amount to charge, and the other pertinent details of the transaction needed to process and reconcile payments. The credit card account number will change with each payment so this information will not need to be kept on file.
- Follow this link for more information about the SupplierPay activation and payment process.

7. What is the CVV2 value?

- **Proof that the credit card is in the right hands** – The 3-digit security code shown on the back of a Visa card lets suppliers know that the card is in the right hands when the customer is not present during the transaction. The supplier’s Point-of-Sale device/software may require this value to be entered.
8. What do suppliers need to do to enroll in this program?

- For those **suppliers who currently accept credit card payments**, they can begin this new payment arrangement by completing the below information (include multiple remittance addresses as appropriate) and send it to the Oswego Hospital Enrollment Team at: accounts payable@oswegohealth.org

<table>
<thead>
<tr>
<th>Company Name:</th>
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<tbody>
<tr>
<td>Remittance Address:</td>
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<td>City:</td>
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<tr>
<td>State:</td>
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<td>Zip:</td>
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<td>Contact Name:</td>
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<tr>
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<tr>
<td>Contact Phone:</td>
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<tr>
<td>Remittance Email*:</td>
<td></td>
</tr>
<tr>
<td>CVV2 Required:</td>
<td>[Yes] [No]</td>
</tr>
</tbody>
</table>

*This is either a Receivable Department email or designated person to process card transaction payments.

- Suppliers will then receive an automated email notification for each payment. These emails will contain a link to a secure web portal where the supplier will obtain a unique Visa credit card account number, the amount to charge, and the other pertinent details of the transaction needed to process and reconcile the payments. The credit card account number will change with each payment so suppliers will not be required to keep this information on file. We also ask that suppliers include the appropriate invoice number(s) and/or purchase order number(s) when processing the transaction for our reference.
• For those **suppliers who are not currently set up with a merchant account**, to arrange for basic Visa card acceptance, they should contact their corporate banking service provider or contact our preferred credit card service provider, M&T Merchant Services. M&T is a bank card acquirer that specializes in business-to-business transaction processing. Suppliers can reach an M&T Merchant Account Representative at 800-897-6311. Once this step is completed suppliers should contact the Oswego Hospital Enrollment Team at: accountspayable@oswegohealth.org

9. Where can more information about accepting Visa card payments be found?

• Comprehensive information is available on Visa.com at [https://usa.visa.com/support/small-business/regulations-fees.html](https://usa.visa.com/support/small-business/regulations-fees.html). Merchants will find materials related to card acceptance guidelines, Visa operating regulations, and Visa interchange fees.

10. Who do suppliers contact with additional questions?

• For enrollment support or questions about the Oswego Hospital SupplierPay program, please contact accountspayable@oswegohealth.org.
Vendor Invoicing
In order to avoid rerouting of or unnecessary delays in the processing of your invoice please make note of the following:

- We must have your completed vendor packet on file

- Preferred method of receipt of invoice:
  - Email to: accountspayable@oswegohealth.org
  - Mail to: Oswego Hospital
    Attn: Accounts Payable
    110 W. Sixth Street
    Oswego, NY 13126

- Preferred method of payment:
  - Automated Visa Card Payment (Oswego Hospital only)
    Information and Enrollment Form included
  - Check