

# Med-Tech/Broadlane Participation Application

Please submit this form to Dwight Ryan at Med-Tech  
Fax: 212.214.0904/E-Mail: [dryan@medtechrisk.com](mailto:dryan@medtechrisk.com)

Group / Network Affiliation (optional): \_\_\_\_\_

Practice / Participant Name: \_\_\_\_\_

Physician's Name (if different from above): \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Practice Type (check one):  Individual Physician  Clinic/Group  Ambulatory Care Center  Urgent Care Center  Surgery Center (see below)

Total Number of Physicians in Practice: \_\_\_\_\_

Number of Physicians in each Practice Specialty:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Anesthesiology     | <input type="checkbox"/> IVF           | <input type="checkbox"/> Orthopedics    | <input type="checkbox"/> Radiology / Imaging |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Nephrology    | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Surgery-General     |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Neurology     | <input type="checkbox"/> Pathology      | <input type="checkbox"/> Surgery-Transplant  |
| <input type="checkbox"/> Family Practice    | <input type="checkbox"/> OB/GYN        | <input type="checkbox"/> Pediatrics     | <input type="checkbox"/> Urology:            |
| <input type="checkbox"/> Hematology         | <input type="checkbox"/> Oncology      | <input type="checkbox"/> Podiatry       | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Internal Medicine  | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Psychiatry     |  |

Distributor Designation \_\_\_\_\_ Acct # \_\_\_\_\_ Rep's Name \_\_\_\_\_

If Practice is Surgery Center, please answer the following questions:

Number of Surgery Suites: \_\_\_\_\_

Surgical Specialty: \_\_\_\_\_

Number of Physicians: \_\_\_\_\_

Number of Procedures/Month: \_\_\_\_\_

Annual Med/Surg. Spend (through distributor): \_\_\_\_\_

Annual Pharmacy Spend: \_\_\_\_\_

Current GPO Affiliation: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification 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 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. person (including a U.S. resident alien).

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 on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 recipient 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.