



VA-FSC VENDOR FILE REQUEST FORM

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| <input checked="" type="checkbox"/> NEW | <input type="checkbox"/> UPDATE | DATE (MM-DD-YYYY) |
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|--------------------------------|---------------------------------|
| VA FACILITY INFORMATION | PAYEE/VENDOR INFORMATION |
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| STATION NUMBER <input type="checkbox"/> NCA <input type="checkbox"/> VHA <input type="checkbox"/> VBA | <input checked="" type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV <i>(Required IAW FAR 4.1102)</i> |
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|-----------------|--|---|---|---|---|---|---|---|---|---|---|---|---|
| STATION CONTACT | UNIQUE ENTITY IDENTIFIER (UEI) <table border="1" style="width:100%"><tr><td>P</td><td>U</td><td>K</td><td>Z</td><td>N</td><td>J</td><td>B</td><td>5</td><td>P</td><td>Y</td><td>9</td><td>6</td></tr></table> | P | U | K | Z | N | J | B | 5 | P | Y | 9 | 6 |
| P | U | K | Z | N | J | B | 5 | P | Y | 9 | 6 | | |

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|----------------------|--------------------|--|--|--|--|--|
| STATION PHONE NUMBER | STATION FAX NUMBER | EFT IDENTIFIER <table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | |
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| STATION EMAIL ADDRESS | SSN/TIN <table border="1" style="width:100%"><tr><td>4</td><td>6</td><td>3</td><td>0</td><td>4</td><td>8</td><td>6</td><td>8</td><td>8</td></tr></table> | 4 | 6 | 3 | 0 | 4 | 8 | 6 | 8 | 8 |
| 4 | 6 | 3 | 0 | 4 | 8 | 6 | 8 | 8 | | |

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|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PAYEE/VENDOR TYPE <i>(Select one)</i> <input type="checkbox"/> C - COMMERCIAL/ALAC <input type="checkbox"/> F - FEDERAL AGENCY FACTS ID <table border="1" style="width:40px"><tr><td> </td><td> </td></tr></table> | | | NPI <table border="1" style="width:100%"><tr><td>1</td><td>5</td><td>9</td><td>8</td><td>3</td><td>8</td><td>2</td><td>9</td><td>5</td><td>4</td></tr></table> | 1 | 5 | 9 | 8 | 3 | 8 | 2 | 9 | 5 | 4 |
| | | | | | | | | | | | | | |
| 1 | 5 | 9 | 8 | 3 | 8 | 2 | 9 | 5 | 4 | | | | |

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| <input type="checkbox"/> E - EMPLOYEE <input type="checkbox"/> O - FOREIGN <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> V - VETERAN <input type="checkbox"/> U - UTILITY <input type="checkbox"/> CAREGIVER <input type="checkbox"/> MEDICAL PROVIDER | <input type="checkbox"/> SMALL BUSINESS - PAYEE/VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION |
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| PAYEE/VENDOR NAME Cala Health, Inc. |
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| DBA |
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| MISCELLANEOUS ACTIONS <i>(Select one)</i> <input type="checkbox"/> WINRS <input type="checkbox"/> ASSIGNMENT OF CLAIMS <i>(All applicable documents)</i> <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> SETTLEMENT/TORTS | AUTHORIZED REPRESENTATIVE NAME Jon Gross |
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|---|--|--|--|--|--|--|-------------------------------------|
| <input type="checkbox"/> LGY ACCOUNT # <table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | EMAIL ADDRESS Jon@CalaHealth.com |
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| | PHONE NUMBER 650-689-1035 |
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| <p style="text-align:center">FOR QUESTIONS REGARDING THIS FORM: NVF CONTACT INFORMATION:</p> <p>VA-FSC CUSTOMER ENGAGEMENT:</p> <p>PHONE: 512-460-5380 EMAIL: VAFSCSHD@VA.GOV</p> <p style="text-align:center">FOR ALL OTHER INQUIRIES:</p> <p>CUSTOMER CARE CENTER: 1-877-353-9791 STATION CARE CENTER: 1-866-372-1141</p> <p>SUBMIT ALL DOCUMENTATION VIA: SECURE FAX: 512-460-5221</p> | CURRENT ADDRESS <i>(Include Street, City, State and Zip Code)</i> 1800 Gateway Drive, Suite 120 San Mateo, CA 94404 |
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| | PREVIOUS ADDRESS <i>(Include Street, City, State and Zip Code)</i> 875 Mahler Road Burlingame, CA 94410 |
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| | EFTIACH <i>(Required IAW 31 CFR Part 208)</i> |
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| | BANK NAME Silicon Valley Bank |
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| | BANK ADDRESS <i>(Include City, State and Zip Code)</i> 3003 Tasman Drive Santa Clara, CA 95054 |
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| | NINE-DIGIT BANK ROUTING NUMBER <table border="1" style="width:100%"><tr><td>1</td><td>2</td><td>1</td><td>1</td><td>4</td><td>0</td><td>3</td><td>9</td><td>9</td></tr></table> | 1 | 2 | 1 | 1 | 4 | 0 | 3 | 9 | 9 |
| 1 | 2 | 1 | 1 | 4 | 0 | 3 | 9 | 9 | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| | ACCOUNT NUMBER <table border="1" style="width:100%"><tr><td>3</td><td>3</td><td>0</td><td>3</td><td>2</td><td>6</td><td>8</td><td>2</td><td>7</td><td>9</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | 3 | 3 | 0 | 3 | 2 | 6 | 8 | 2 | 7 | 9 | | | | | | |
| 3 | 3 | 0 | 3 | 2 | 6 | 8 | 2 | 7 | 9 | | | | | | | | |

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| | ACCOUNT TYPE <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
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| | NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Jonathan gross, Director, Sales Support |
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| | SIGNATURE OF AUTHORIZED REPRESENTATIVE |
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NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES

VENDOR INFORMATION

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| 1. REQUESTOR: | 2. SERVICE: | 3. EXTENSION: |
| 4. VENDOR NAME: Doing Business As/Legal Name: Cala Health, Inc. | 5. VENDOR ADDRESS Physical Location: 1800 Gateway Dr #300 Mailing Address: 1800 Gateway Dr #300 City: San Mateo State/Zip: CA/94404 | |
| 6. VENDOR TAX IDENTIFICATION NO. or SOCIAL SECURITY NUMBER: (Mandatory field must enter one or the other) TIN: 463048688 SSN: | 7. VENDOR PHONE & FAX NUMBER: Phone: (650) 509-5706 –OR– 888-699-1009 Fax: (833) 230-9251 Email: jon@calaheath.com | |
| 8. PAYMENT STREET ADDRESS: Address: 1800 Gateway Dr #300 City: San Mateo State/Zip: CA/94404 | | |
| 9. POINT OF CONTACT: Jonathan Gross Jon@CalaHealth.com | | |
| 10. ACCOUNT NUMBER: 3301177860 Routing 121114039 Silicon Valley Bank, 300 Tasman Drive, Santa Clara, CA 95054 | | |
| 11. Does Vendor have an existing contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If answer is YES, please enter Contract Number: _____ (i.e. GS-, V797 or any other contract with payment terms N/30 and expiration date) Beginning Date: _____ Expiration Date: _____ FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Origin Prompt Payment Discount: _____ (i.e. 2%/10; 1%/20 or N/30) | | |
| 12. 1099 Vendor Indicator: <input checked="" type="checkbox"/> YES (Always YES except if FEDERAL Government) <input type="checkbox"/> NO | | |
| 13. Business Type (FPDS) (Must check one): <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Outside VA <input type="checkbox"/> Other Entities | | |
| 14. Socioeconomic Group: (Please check <u>all</u> that apply) <input type="checkbox"/> Sm Disadvantage Bus <input type="checkbox"/> Javits-Wagner-O'Day <input type="checkbox"/> Hubzone Small Business <input type="checkbox"/> Veteran-Owned Small Bus <input type="checkbox"/> Woman-Owned Small Business <input type="checkbox"/> Historically Black College & Univ./Min Institute <input type="checkbox"/> Veteran-Owned Large Bus <input type="checkbox"/> Woman-Owned Large Business <input checked="" type="checkbox"/> None of the other business <input type="checkbox"/> Veteran-Service Disabled | | |
| 15. Purchase Card Accepted <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 16. DUN and BRADSTREET NUMBER: <u>078877556</u> (Mandatory-if vendor does not have one they need to go to http://www.dnb.com to register. | | |
| 17. Is Vendor registered with System for Award Management (SAM)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory-if vendor is not registered they can accomplish the task at: http://www.sam.gov/ to register. | | |
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VETERANS HEALTH CARE SYSTEM
VENDOR FILE ENTRY REQUEST

SEND TO: _____

FROM: _____ SERVICE: Prosthetics and Sensory Aid
PHONE NUMBER: _____ FAX NUMBER: _____

The following questions must be answered **before** vendor can be added to the “vendor file”. Complete the form; select file; send to; mail recipient as attachment; to VHANOL MMS New Vendor.

1. **COMPANY NAME** - NOTE: Do not abbreviations, and must be less than 35 characters
_____ Cala Health, Inc.
2. **COMPANY ADDRESS** - NOTE: PO Box address is not acceptable
STREET 1 1800 Gateway Drive
STREET 2 Suite 120
CITY San Mateo
STATE & ZIP CODE CA, 94404
3. **COMPANY INVOICING ADDRESS** - NOTE: Applicable if different from ordering address
STREET 1 1800 Gateway Drice
STREET 2 Suite 120
CITY San Mateo
STATE & ZIP CODE CA, 94404
4. **TELEPHONE NUMBER(S)**: 888-699-100
5. **FAX NUMBER(S)**: 833-230-9251
6. **FEDERAL TAX ID #**: 46-3048688
Note: 9 Digits, no characters
7. **POINT OF CONTACT**: Jon Gross
8. **VENDOR TYPE**:
 AGENT CASHIER **COMMERCIAL**
 EMPLOYEE **FEDERAL GOVERNMENT**
 GSA **INDIVIDUALS-OTHER**
 OTHER COUNTRIES **COMMERCIAL-RECURRING**
 UTILITY COMPANIES **VETERANS**
 CANTEEN
9. **BUSINESS TYPE**:
 LARGE BUSINESS (500+ employees)
 SMALL BUSINESS (less than 500 employees)
 OUTSIDE U.S. **OTHER ENTITIES**
 WOMEN OWNED **MINORITY OWNED**
 VETERAN OWNED **SERVICE DISABLED VETERAN**
 VETERAN OWNED **DISADVANTAGED BUSINESS**
 HUBZONE SMALL BUSINESS CONCERN
 HISTORICALLY BLACK COLLEGES & UNIV
 JAVITS-WAGNER-O'DAY (JWOD)
 NONE OF THE OTHER CATEGORIES
10. **SOCIOECONOMIC GROUP**:
 HUBZONE SMALL BUSINESS CONCERN
 HISTORICALLY BLACK COLLEGES & UNIV
 JAVITS-WAGNER-O'DAY (JWOD)
 NONE OF THE OTHER CATEGORIES
11. **DUNS (Data Universal Number System) number**: 078877556
(Dun & Bradstreet number is **MANDATORY** if vendor does not have one, they need to go to <http://www.dnb.com> to register
12. **DOES THE VENDOR HAVE GOVERNMENT CONTRACT** (i.e., General Service Administration or Federal Supply Schedule)?
 YES: Contract # _____ **Contract Expiration Date:** _____ **NO**
13. **Is Vendor SAM registered**: **Yes** **Unique Entity Identifier**: PUKZNB5PY96