

A **completed W-9 OR W8BEN** (International Vendor) and a **voided check copy** is required in addition to this form.

Submit Invoices to: [affiliate.billing@allonehealth.com](mailto:affiliate.billing@allonehealth.com) or through **PROVIDERfiles**

## Information below is required for both US and International affiliates

|   |   |
|---|---|
| Affiliate Legal Name:   | Contact Name:   |
| DBA (if applicable):  | Contact Phone #:  |
| FEIN or SSN:  | Contact Email:  |
| Business Address:   | Billing Contact:  |
| Business City:  | Billing Phone #:  |
| Business State:   | Billing Email:  |
| Business Zip Code:  | Remittance Email:   |
| Currency:   | Payment Preference(Check or ACH):<br>*If ACH please complete banking information below. |
| Payment Terms:<br>*Net 45 is default. All other terms require Finance approval. |   |

## Bank Information: Domestic US Banks Payment by ACH

|                        |                     |
|------------------------|---------------------|
| Account Name:          | ACH Routing Number: |
| Bank Name:             | ACH Account Number: |
| Bank Address:          |                     |
| Bank City, State, Zip: |                     |

## International Bank: Payment by Wire

|                        |   |
|------------------------|---|
| Account Name:          | WIRE Account Number:                            |
| Bank Name:             | BIC/Swift/Sort Code:                            |
| Bank Address:          | IBAN Number:                                    |
| Bank City, State, Zip: | Five digit branch transit number (Canada Only): |
| Country:               | Three digit institution code (Canada Only):     |

## Official Use Only: Do not write below this line

|                  |                    |
|------------------|--------------------|
| Onboarding form: | Legal entity type: |
| W-8 completed:   | 1099 required:     |
| W-9 completed:   |                    |
| Requestor name:  |                    |