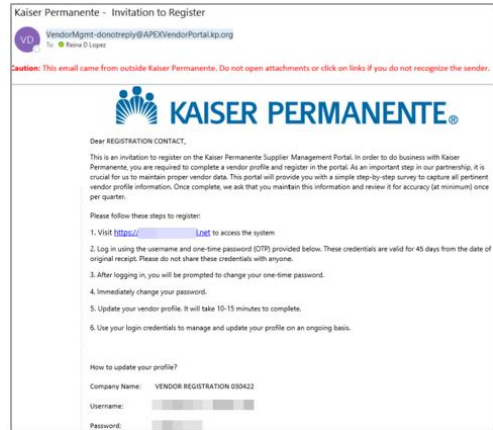


## WHAT DOES THE VENDOR SEE?

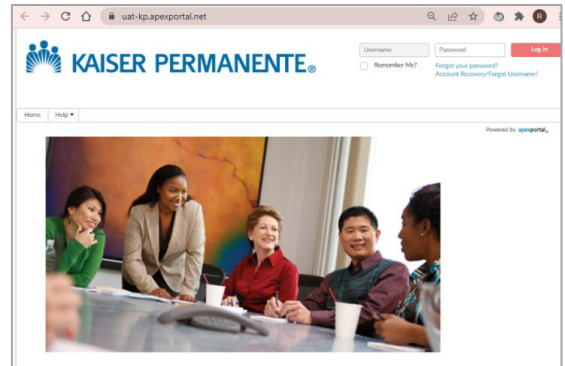
1

Vendor receives email with subject line **Kaiser Permanente - Invitation to Register** which will include an assigned username and password from [VendorMgmt-donotreply@APEXVendorPortal.kp.org](mailto:VendorMgmt-donotreply@APEXVendorPortal.kp.org)



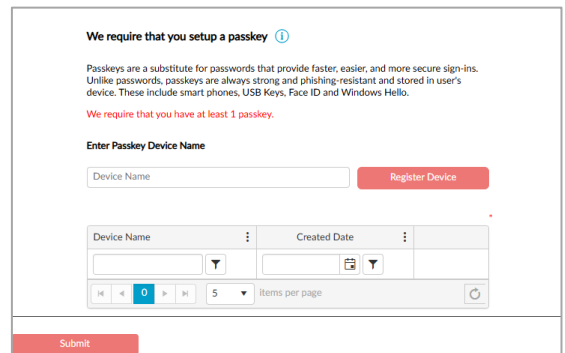
2

Vendor clicks on the link directing them to self-register with the portal.



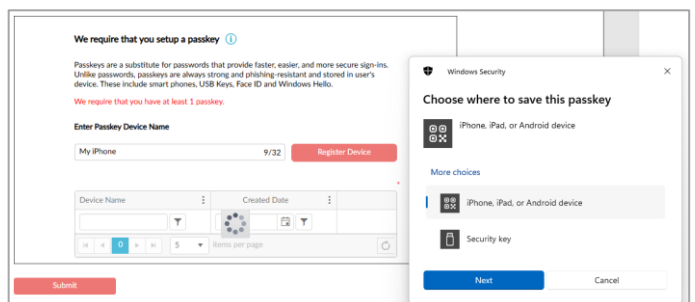
3

Vendor logs in using the username/password provided in the Invitation to Register and lands on the passkey setup page.

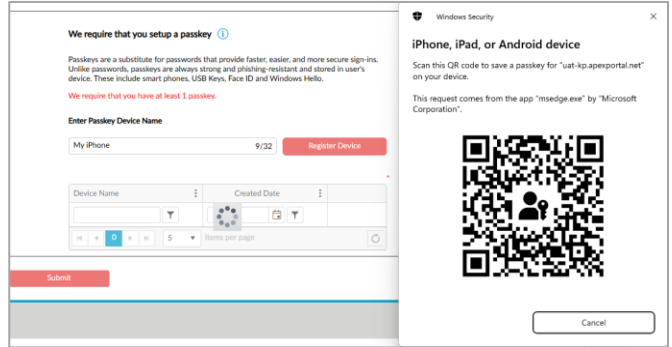


4

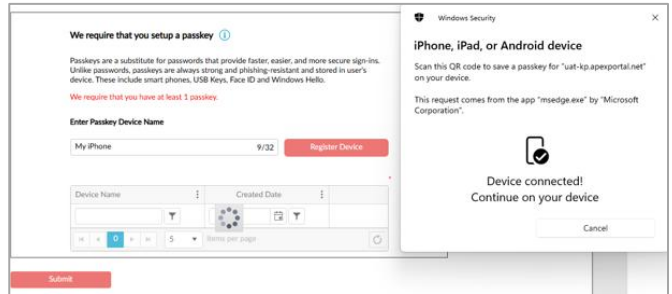
Vendor enters the Passkey Device Name and begins to register the device.



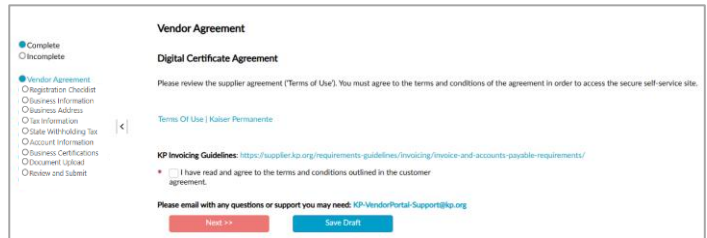
5 Vendor scans the QR code with the device they are registering.



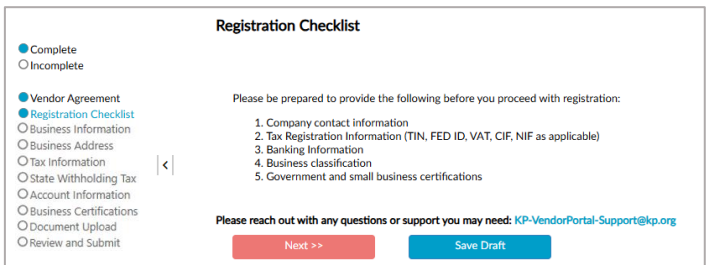
6 Vendor is prompted to continue registration on their device.



7 Vendor successfully logs in with the passkey and accepts **Vendor Agreement**. Clicking on the hyperlink opens the Supplier Access Agreement.



8 Vendor reviews **Registration Checklist** for registration requirements.



9 Vendor completes all **Business Information** fields.

**Business Information**

● Complete  
○ Incomplete

- Vendor Agreement
- Registration Checklist
- Business Information
- Business Address
- Tax Information
- State Withholding Tax
- Account Information
- Business Certifications
- Document Upload
- Review and Submit

Vendor Country: United States

Vendor Registered Name: VENDOR REGISTRATION 09422

Company Name DBA:

Do you have access to Patient Information, Protected Health Information (PHI), or Personally Identifiable Information (PII)? No

Will you connect to the KP network and/or have access to Payment Card Information (PCI)? No

Contract Number:

What product or service do you primarily provide (please choose one)? Other Earned Income Includes record reviews, repairs & mail

KP Contact Name: KP EMPLOYEE NAME

KP Contact Email: KP EMPLOYEE EMAIL

Are you providing Goods, services or both to KP?: Services

<< Previous Next >> Save Draft

10 Vendor completes all required **Business Address** fields and provides contact information.

**NOTE:** All required items *must* be complete to move forward. Do not delete required address or contact types.

If more addresses/contacts are necessary, vendor can click on **Add New Record** in each section, as needed.

**Business Address**

● Complete  
○ Incomplete

- Vendor Agreement
- Registration Checklist
- Business Information
- Business Address
- Tax Information
- State Withholding Tax
- Account Information
- Business Certifications
- Document Upload
- Review and Submit

In order to add/edit Supplier's Registered Address, please click the 'Edit' button associated with the Registered Address. If vendor has any other remittance address(es) or payee name(s), then click 'Add New Record' to enter the information.

**Note:** If vendor utilizes a factoring company or an agent to manage its payments, a separate request will be required once the vendor number has been assigned. Once the vendor receives a vendor number, please forward an e-mail inclusive of the vendor number, name and taxpayer information to [KP\\_VendorPortal.Support@kp.org](mailto:KP_VendorPortal.Support@kp.org).

**If you have address different that Invoicing, please use "Add new record" to add additional addresses**

Add new record						
Address Type	Address	City	State	Country	Delete	
Corporate	75 N FAIR OAKS AVE	PASADENA	California	United States	X	Delete
Invoicing	75 N FAIR OAKS AVE	PASADENA	California	United States	X	Delete
Remitting	75 N FAIR OAKS AVE	PASADENA	California	United States	X	Delete

Vendor Country: United States

**Vendor Contact Information**

Please click **Edit** to update the contacts that are required. Please use **Add new record** to add any additional contact that is applicable to you.

Please refer below for description of each contact type:

- Key Account Contact** - The primary contact person responsible for managing the KP account.
- Accounts Receivable Contact** - This individual is responsible for the vendor's address billing/ payment/ banking information.
- Ethics, Compliance and Privacy Contact** - This individual is responsible for addressing ethics, compliance and privacy matters related to vendor obligations.
- Information Security Officer (ISO)** - This individual is responsible for addressing Information Technology and Data Security requirements required by Kaiser Permanente.
- Supply Chain Contact** - This individual is responsible for fulfilling orders and shipping of goods and services -with/with expected service level agreements.
- Emergency Contact** - This individual is available for contact 24/7 in case of emergency (Natural Disaster/ Health Crisis/ Cyber Security Breach).
- Other** - Any other contact associated to a person in the company.

Add new record					
First Name	Last Name	Contact Type	Email	Record	
REGISTRATION	CONTACT	Registration Contact	REINA.D.LOPEZ@KP.ORG	X	Delete
ACCOUNTS	RECEIVABLE	Accounts Receivable	REINA.D.LOPEZ@KP.ORG	X	Delete

<< Previous Next >> Save Draft

10A Vendor must click on the **Edit** button next to each **Address Type** and complete the required address fields.

**Address Information**

Address Type: Corporate

Payee Name:

Payee DBA Name:

Country: United States

Address 1: 75 N FAIR OAKS AVE

Address 2:

Address 3:

Postal Code: 91103-3651

City: PASADENA

State/Province: California

PO Dispatch E-mail id:

PO Dispatch Fax Number:

Ok Discard

10B Vendor must click on the **Edit** button next to each **Contact Type** and complete the required contact information fields.

**Supplier Contact Information**

Contact Type: Accounts Receivable

Copy From Person: Select a value

Roles: Select a value

First Name: ACCOUNTS

Last Name: RECEIVABLE

Title: AS

Website Address:

Email ID: REINA.D.LOPEZ@KP.ORG

Confirms Email ID: REINA.D.LOPEZ@KP.ORG

Please click on pencil icon to update/edit Primary Phone Number and "Add new Record" to add additional Phone Number(s) in grid below.

Add new record			
Type	Number	Extension	Delete
Main	(213)-444-4664		X

Ok Discard

WHAT DOES THE VENDOR SEE?

**11 Tax Information:** Vendor references their W9 to complete tax information and required fields.

**12 State Withholding Tax:** Vendor should complete this section as appropriate.

**13 Account Information:** KP preferred method of payment is ACH. Vendor updates banking information to set up ACH.

Vendor clicks on **Edit** to open Banking Information window. Vendor completes required fields.

WHAT DOES THE VENDOR SEE?

**14 Business Certifications:** If available, vendor can enter NAICS & SIC codes.

**15 Document Upload:** Vendor completes document requirements and can e-sign available documents or upload a signed copy.

**16 Review & Submit:** Please remind your vendors to submit their registration! KP cannot complete the registration process until the registration is completed and submitted by the vendor.