

# Supplier Portal Security Authorization Form

The CVS Supplier Portal is the website you, as a CVS Supplier, will use to access and maintain pricing information and to review invoices. To ensure the security of this site, CVS maintains stringent policies and standards related to access rights. Please provide us with the below requested information. CVS will not grant access rights to the DSD Vendor Portal until a completed form is returned.

You may type your name in the signature boxes which by doing so agree will serve as an electronic signature.

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| --- | --- |
| **Company Name** |  |
| **CVS Supplier #** |  |

\*CVS Supplier # is a 4-digit code beginning with an alpha character followed by 3 numbers. This is found on any remittance from CVS.

|  |  |
| --- | --- |
| ***Primary Requestor*** |  |
| **Name** |  |
| **Phone Number** |  |
| **Email** |  |
| **Signature:** | signature |
| ***Secondary Requestor*** |  |
| **Name** |  |
| **Phone Number** |  |
| **Email** |  |
| **Signature:** | signature |

\*The Primary and Secondary Requestor are authorized individuals at your company responsible for submitting names of approved employees who require access to the CVS Vendor Portal to perform work activities to fulfill this obligation. We request a primary and a backup requestor.

The Requestor is expected to notify CVS of any changes to access rights (e.g.

employee with access right leave the company, request for additional access rights, etc) via email to the DSD Vndr Correspondence (Retail) mailbox

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| (DSDVndrCorrespondence@CVSHealth.com)**Internal Use Only** | |
| CVS Representative Submitting Form & Date |  |
| Qualified Supplier (Yes or No) |  |
| If Not Qualified, State Reason |  |
| Corrected Supplier # (Yes or No) |  |
| New Supplier (Yes or No) |  |

Supplier Portal Security Requestors Form Ver 2022



# Access Acknowledgement

In accepting CVS Supplier Portal access, you and your organization agree to the following terms:

* Any and all information, data, applications and computer infrastructure, which you are exposed to, either unintentionally or intentionally, are the property of CVS and is considered confidential.
* An ID and password will be assigned to the person noted below. This ID and its password are for this person only and as such are not to be shared with any other individuals in, or outside your organization.
* Access restrictions are granted based on Authorized Manager requests.
* All downloading or uploading of information must be authorized in advance.
* Probing CVS internal network servers and routers is forbidden.
* Unauthorized access to CVS internal network servers and routers is forbidden.
* Failure to comply with these requirements could result in the following:

o Voiding of all CVS Contractual obligations

o Loss of remote access privileges

o Criminal and/or Civil Action against you and your organization

**The below listed individuals will access and utilize the CVS Supplier Portal to manage pricing and/or research invoice data.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **M. Initial** | **Phone Number** | **Email** | **Role**  **(Options Below)** | **Signature**  User Agrees to CVS Access Acknowledgement |
|  |  |  |  |  |  | signature |
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**Role Options:**

**1 – Cost Management**

**2 – Invoice Inquiry**

**3 – Cost Management & Invoice Inquiry**

You will be notified of your ID and password within 2 weeks of form submission. For questions, please email to DSDVndrCorrespondence@CVSHealth.com

**Please forward saved & completed form to your FM Admin for their approval.**

**(FM Listing is attached last page)**

# DEX QUESTIONNAIRE

Provided below is CVS DEX Information:

Comm. ID: **6138950000** DUNS Number: **00-178-6664** UCS Version: **004010UCS**

Please provide CVS with the vendor information requested below:

|  |  |
| --- | --- |
| ***Vendor DEX Information*** | |
| **Vendor Name** |  |
| **Vendor #** |  |
| **Vendor COMM ID (10 digits)** |  |
| **Vendor DUNS # (9 digits)** |  |
| ***Primary DEX Contact Information*** | |
| **Name** |  |
| **Phone Number** |  |
| **Email** |  |

Are your drivers DEX capable? YES NO

If yes, your drivers are DEX capable please continue with the rest of the questionnaire. If no, your drivers are NOT DEX capable, you may skip the rest of the questionnaire and submit the form.

DEX Questionnaire Ver

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If YES drivers are DEX capable, please provide your current UCS version: \_\_\_\_\_\_\_\_\_

If YES drivers are DEX capable, do they deliver to another CVS store where they are able to DEX successfully?

YES NO

If YES, your drivers DEX successfully at another CVS store, please provide:

|  |  |  |  |
| --- | --- | --- | --- |
| **CVS Store #** |  | | |
| **Address** |  | | |
| **City** |  | **State** |  |
| **Date of Recent Delivery** |  | | |

If NO your drivers are DEX capable and do not currently deliver to another CVS store, please complete the information requested below providing preferred CVS store to perform the DEX certification testing process:

|  |  |  |  |
| --- | --- | --- | --- |
| **CVS Store #** |  | | |
| **Address** |  | | |
| **City** |  | **State** |  |



Additional DEX information can be found at the

[**CVS Suppliers website** (http://www.cvssuppliers.com/)](http://www.cvssuppliers.com/) in the [**Download Library** (http://www.cvssuppliers.com/download\_all)](http://www.cvssuppliers.com/download_all).

The two documents relevant to CVS DEX are:

[**The DEX/UCS Usage Guidelines** - http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/DEX%20Usage%20Guidelines.pdf](http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/DEX%20Usage%20Guidelines.pdf)

[**The DEX/UCS Template** - http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/Vendor%20DEX%20Template.pdf](http://www.cvssuppliers.com/sites/suppliers.sub.cvsc.addventures.com/files/Vendor%20DEX%20Template.pdf)

CVS requires a DEX Certification Test to validate vendor DEX settings setup and software/hardware compatibility. The DEX test can potentially be performed at a local CVS store convenient to the vendor that is aligned to and serviced by the vendor in the CVS DSD Tool.

The CVS DEX test will typically consist of the following actions in production:

* Vendor Driver / Testing Representative transmits test invoice
* CVS Store Personnel simulates receiving the delivery and confirm delivery qtys
* Successful completion/closure of the invoice in the CVS system and DEX POD print out

It is recommended that for the DEX test the vendor please submit:

* At least 5 valid UPCs that are accepted by CVS during DSD delivery o if supported using various units of measure
* If applicable/used by the vendor, items with allowance codes (be sure allowance codes validate)

While not required for DEX certification, the vendor may also want to perform a test credit / return transaction via DEX as well. Typically this portion of the test would essentially have a credit / return performed for the product simulated in delivery DEX transaction basically reversing the delivery.

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The DEX test can be performed with a driver and an actual delivery or strictly with a vendor testing representative, but depending on the vendor’s system a separate invoice may need to be prepared for the DEX test in advance. A separate invoice must be then be prepared for the actual delivery for the store to perform a receiver scan / detail check-in. In this case the store would be able to use the product from the actual delivery for the DEX test. Otherwise, the vendor or testing representative should please make sure to bring actual product for the store to scan for their portion of the DEX test or what many vendors will do is provide scan sheets with bar codes (which can be used only for TESTING purposes) for the store to scan for the CVS store side of the DEX.

All testing invoices will be deleted/reversed as they were used for testing purposes only. Successful DEX test invoices will be reviewed by CVS Accounts Payable to ensure there are not any issues. After the DEX test is submitted, DEX certification approval and maintenance to update the vendor receiving type to DEX can take 1-2 weeks.

CVS DEX Information:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DSD Field Team:** | **NAME** | **ADDRESS** | **PHONE #** | **CELL #** | **E-MAIL ADDRESS** | **DIV.** | **STATE** |
| **FM** | Stephen Post |  | 401-665-6897 | 339-368-0780 | Stephen.Post@CVSHealth.com | 1 | CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT |
| AFM | Christopher Bryant |  | 401-665-5262 | 609-351-7383 | Christopher.Bryant@CVSHealth.com |
| Analyst | Jody Donovan |  | 401-665-4496 |  | Jody.Donovan2@CVSHealth.com |
|  |  |  |  |  |  |  |  |
| **FM** | Paul Anderson |  | 401-665-7502 | 843-685-2815 | Paul.Anderson@CVSHealth.com | 3 | DC ,IA, IL, IN, KY, MD, MI, MN, MO, NC, ND, OH, SC, VA, WI, WV |
| Field Merch Asst | Colleen Sakosky |  | 401-665-9625 |  | Colleen.Sakosky@CVSCaremark.com |
|  |  |  |  |  |  |  |  |
| **FM** | Lisa Kolenda | 4630 Woodland Corp. Blvd.; 2nd Fl | 401-665-6489 | 727-430-1129 | Lisa.Kolenda@CVSHealth.com | 5 | AL, AR, FL, GA, IA, KS, LA, MO, MS, NE, NM, OK, SC, TN, TX |
| Field Merch Asst | Marjie Cooper | Tampa, FL 33614 | 401-665-6619 |  | Marjorie.Cooper@CVSHealth.com |
|  |  |  |  |  |  |  |  |
| **FM** | Jon Buneta | 777 S. Harbor Blvd. Ste E163 | 401-665-7395 | 442-369-0110 | Jon.Buneta@CVSHealth.com | 7 | AZ, CA, CO, ID, MT, NM, NV, OR, TX, UT, WA |
| AFM | Gilbert Garcia | La Habra, CA 90631 | 401-665-9144 | 909-247-0364 | Gilbert.Garcia@CVSHealth.com |
| Analyst | Suzanne Daniel |  | 401-665-2074 |  | Suzanne.Daniel@CVSHealth.com |