

Vendor name: \_\_\_\_\_ Address: \_\_\_\_\_

Service or product types: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Organizational form (check one):

- Corporation, profit       Partnership       Individual or sole proprietorship  
 Corporation, non-profit       LLC       LLP or other:

**SECTION I:** Vendor's Ownership Type (check only one of **boxes 1 through 5** below):

1. The person, company, business or other entity named above ("Vendor") is a **publicly held** company with **less than \$75M** dollars in stockholder's equity (attach balance sheet) or is not listed for trading on an exchange, and no physician and no an immediate family member\* of a physician is known to have any ownership interest in Vendor.
2. Vendor is a **privately held** entity, and no physician or an immediate family member of a physician individually owns, directly or indirectly, any ownership interest. **OR:** Vendor is an individual or sole proprietorship who is not a physician and who does not have a physician in Vendor's immediate family.
3. Vendor is a **publicly held** entity with its stock publicly traded with **\$75M or more** in stockholder's equity at the end of its most recent fiscal year or on average during its previous three fiscal years [attach balance sheet(s)].
4. Vendor is a **privately held** entity with **one or more physicians** – or one or more immediate family members of physicians – directly or indirectly having an ownership interest; or Vendor is a physician. (List names of physician owners in Section V.)
5. Vendor is a **publicly held** entity with **less than \$75M** dollars in stockholder's equity (attach balance sheet), and with **one or more physicians** – or one or more immediate family members of physicians – directly or indirectly having an ownership interest. (List names of physician owners in Section V.)
6. If **box 4 or 5** above is checked, does Vendor have a written, signed contract with any SCL Health affiliated entities?
- Yes – Attach a copy of each contract  
 No  
 Contract pending

\* "Immediate family member" means husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

**SECTION II:** Physician Compensation Arrangement

Does Vendor have a current compensation arrangement of any kind with a physician or immediate family member of a physician who refers patients, tests or services to SCL Health or to the SCL Health affiliates with which Vendor contracts or intends to contract?

- Yes – List names of referring physicians in Section V.
- No

**SECTION III:** SCL Health Contact Information

(SCL Health or affiliate who is sending this request – Please complete contact information below):

Entity name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

**SECTION IV:** For SCL Health / SCL Health Affiliate only

If in Section I, **box 4 or 5** was checked along with “Yes” for **item 6** and one or more contracts with SCL Health or an affiliate are produced in response to item 6, has each contract been approved by the Operations Counsel?

- Yes
- No – If the contract has not been approved by Operations Counsel, obtain approval before proceeding with any arrangement with Vendor.

**SECTION V:** Physician Name Table

If Vendor has a financial relationship with a physician, or with an immediate family member of a physician (as indicated by checking **box 4 or 5** in Section I above or by checking “Yes” in Section II), list the name and identifying number of each physician in the space below (use additional sheets as necessary).

Physician Name	Tax ID or National Practitioner Identifier

**By signing this document, Vendor (a) certifies that the selections made and information provided in Sections I, II and V are true and accurate; and (b) agrees to promptly notify SCL Health immediately upon learning of any changes to such selections and information necessary to maintain the accuracy thereof.**

**Vendor (as named above):**

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_