



Vendor Name: _____

Dear Vendor:

In order to ensure that Cullman Regional Medical Center (CRMC) complies with federal law concerning financial arrangements between physicians and entities that provide certain health care services, we require all vendors provide us with the following information:

For purposes of answering these questions, the following definitions apply:

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

"Physician" means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry or a chiropractor.

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|--|-----------------------------|------------------------------|
| 1 Is your company owned in whole or part, directly or indirectly, by a physician who refers patients to or treats patients at CRMC or an immediate family member of a physician who refers patients to or treats patients at CRMC? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 2 Is your company owned in whole or part, directly or indirectly, by any person (other than a physician or an immediate family member of a physician) who refers patients to CRMC? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 3 Does your company employ or contract with a physician who refers patients to or treats patients at CRMC or an immediate family member of a physician who refers patients to or treats patients at CRMC? If "YES", please answer the following: | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| (i) Does the employed or contracted physician, or immediate family member of the physician, receive compensation from your company that is based on the volume/value of referrals to CRMC? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| (ii) Does the compensation paid to the physician or the immediate family member of such a physician exceed fair market value for the service provided by such physician or immediate family members of such physician? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 4 If you are entering into an arrangement as a vendor with CRMC, are you a physician who refers patients to or treats patients at CRMC or an immediate family member of a physician who refers patients to or treats patients at CRMC? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If you answered "YES" to any of the questions (1-4) above, please indicate whether they physician / person is:

☐ an owner, or ☐ an employee, or ☐ contractor of the company and complete the following:

(a) Name of physician or other person who refers to CRMC: _____

(b) If applicable, the name of the physician's immediate family member(s) who have ownership of the company: _____

Thanks, in advance, for your cooperation in providing this information.

Sincerely,

I represent that the answers provided herein are truthful and accurate as of the date of my signature below. I agree to immediately notify of any changes in the above-disclosed information.

Vendor Officer Signature

Date

Print Name

Title

This form can be mailed to : Attn: Accounts Payable PO Box 1108, Cullman, AL 35056-1108
or emailed to accounts.payable@cullmanregional.com