

Exclusion History

1. Is Vendor currently, or has ever been, excluded from participation in Federal Health Care Programs?
 - a. Yes or No
2. Vendor, or any Senior Leadership team member of Vendor Organization, has been convicted of a criminal offense that falls within the scope of 42 U.S.C. §1320a-7(a), but has not yet been excluded.
 - a. Yes or No
3. Upload a current organizational chart identifying all entities affiliated with Vendor, including but not limited to parent entities, subsidiaries, and other entities controlling, controlled by, or under common control with the Vendor.
 - a. Choose file for upload
4. Upload a listing of any physician who: 1.has a direct or indirect ownership interest in the Vendor, 2.whose immediate family member(s) has a direct or indirect ownership interest in the Vendor, or 3. is a member of the integrated group practice with any physician identified in (1) or (2).
 - a. Choose file for upload
5. Select the following statements to indicate your understanding and agreement: Vendor agrees that it will not offer, syndicate or add any additional Physician (or immediate family member) ownership interests in the Vendor without first notifying in Advance the Surgery Partners Office in Compliance, or other appropriate party, of any such proposed change. Vendor further agrees to promptly notify Surgery Partners Office of Compliance, or other appropriate party, of any other changes to the information provided on this Certification Form as soon as such changes are known, but in no event later than thirty (30) days of the change.
 - a. Check box

General Information

6. Name of person completing questionnaire
7. Job title
8. Organization type
 - a. Provide details
9. Service/Product Type
10. Does Vendor have a current written, signed contract with Surgery Partners or Surgery Partners affiliated entity?
 - b. Yes, No, Pending
11. Identify facility and attach copy of contract
 - c. Choose file for upload

Overseas PHI/PII

12. Is the Vendor incorporated/domiciled in a jurisdiction outside the U.S.?
 - a. Yes or No
 - b. Provide Details on Where Located
13. Is the Vendor a wholly-owned subsidiary of a company incorporated/domiciled outside the United States?
 - c. Yes or No
 - d. Provide Details on Name of Company and Location(s)
14. Is the Vendor providing services outside the United States for Surgery Partners or a Surgery Partners Affiliate?
 - e. Yes or No
 - f. Provide Details
15. Is the Vendor be representing Surgery Partners or a Surgery Partners affiliate on its behalf to third parties outside the United States?

- g. Yes or No
 - h. Provide Details
16. Will the Vendor have to interact or engage with third parties located outside the United States to perform its obligations to Surgery Partners or a Surgery Partners Affiliate?
- i. Yes or No
 - j. Provide Details
17. Will you process financial transactions (such as credit card transactions) on behalf of Surgery Partners or a Surgery Partners Affiliate Facility or any of its partners or subsidiaries?
- k. Yes or No
18. Will you provide a service that Surgery Partners or a Surgery Partners Affiliate Facility will rely upon for its own financial reporting?
- l. Yes or No
19. Will you store or transfer confidential information (e.g., PHI or PII) from Surgery Partners or a Surgery Partners Affiliate Facility hosted systems to your own hosted system(s)?
- m. Yes or No
20. Will employees, subcontractors or other representatives of your organization require ongoing access to Surgery Partners or a Surgery Partners Affiliate Facility system(s)?
- n. Yes or No
 - o. Provide details on what system(s) they will require ongoing access to
21. Do the services provided to or on behalf of Surgery Partners or a Surgery Partners Affiliate Facility affiliated with Medicare Advantage by your organization include creating, receiving, processing, storing/maintaining, or transmitting of Surgery Partners or a Surgery Partners Affiliate Facility protected health information (“PHI”) as defined in 45 CFR §160.103?
- p. Yes or No
22. Do the services provided to or on behalf of Surgery Partners or a Surgery Partners Affiliate Facility by your organization include creating, receiving, processing, storing/maintaining, or transmitting Surgery Partners or a Surgery Partners Affiliate Facility personally identifiable information (“PII”) as defined in NIST SP 800-122?
- q. Yes or No
23. Do the services provided to or on behalf of Surgery Partners or a Surgery Partners Affiliate Facility by your organization include creating, receiving, processing, storing/maintaining, or transmitting cardholder data, or data governed by payment card industry data security standards (“PCI DSS”)?
- r. Yes or No
24. Do the services provided to or on behalf of Surgery Partners or a Surgery Partners Affiliate Facility by your organization include creating, receiving, processing, storing/maintaining, or transmitting Surgery Partners or a Surgery Partners Affiliate Facility data outside the jurisdiction of the United States (e.g. “offshoring”)?
- s. Provide details on the cities and countries outside of the jurisdiction of the United States in which offshoring occurs

Ownership

25. Ownership Type
- t. Publicly traded, Not Publicly Traded, or Individual Sole Proprietorship
 - u. Provide balance sheet to support selection
26. Physician/Immediate Family/Other Ownership
- v. no physician* nor any immediate family member** of a physician is known to own, directly or indirectly, an ownership interest.
 - w. a physician* or immediate family member** of a physician owns, directly or indirectly, an ownership interest;

- x. a business that is affiliated with a Vendor described in preceding clauses (a) or (b) above, including but not limited to a parent entity, subsidiary, or other entity controlling, controlled by, or under common control with such a Vendor.
27. Does the Vendor have compensation arrangement(s) with a physician, immediate family member of a physician, or an entity in which a physician or an immediate family member of a physician has an ownership interest?
- y. Yes or No
 - z. If yes
 - i. Provide a listing of the name of each physician who (or whose immediate family member(s)) has a compensation arrangement with the Vendor that varies with the volume or value of referrals to any hospital, ASC or health care facility, including any SP affiliate, as well as the state in which that physician is licensed and/or practicing and the physician's Tax ID or NPI number.

Stark Law Statements

Select those statements below which are true and accurate as to each such current or future physician compensation arrangement of the Vendor.

28. All physicians, immediate family members of physicians, and entities in which such persons have an ownership interest, if any, are and will be compensated or paid consistent with fair market value for commercially reasonable and legitimate services under a signed written agreement.
- a. Yes or No
29. No physician, immediate family member of a physician, or entity in which such a person has an ownership interest, if any, is or will be compensated in any manner that varies with, or takes into account, the volume or value of referrals to, or other business generated by the physician for, any hospital, ASC or health care facility.
- b. Yes or No
30. Any consulting, product development or royalty agreement or similar arrangement with a physician, immediate family member of a physician, or entity in which such a person has an ownership interest, if any, expressly excludes from the compensation or royalty payment to a physician or immediate family member any revenues received by the Vendor by virtue of the use of any product, item or service in question by: - the physician (or immediate family member), - any practice group with which the physician (or any immediate family member) is affiliated, - any member, employee or consultant of a practice group of which the physician (or any immediate family member) is affiliated, - any hospital, ASC or health care facility with which the physician is affiliated or has medical staff privileges, and - any individual or entity for which the physician has any actual or potential ability to influence procurement decisions for goods, items or services.
- c. Yes or No