

LOCAL SUPPLIER OWNERSHIP CERTIFICATION

Date: _____ Address: _____

Supplier: _____ City: _____

Product Type(s): _____ State/Zip: _____

Organizational form: Corporation Partnership Sole Proprietorship
 LLC LLP Other _____

The person, company, business or other entity named above ("Company") hereby certifies that the selection made below is true and accurate:

<input type="checkbox"/> 1. Supplier is a publicly held company with its stock publicly traded, and no physician nor an immediate family member of a physician ¹ individually owns, or physicians collectively own, a controlling interest.	<input type="checkbox"/> 3. Supplier is a publicly held company with its stock publicly traded, and stockholder's equity of at least \$75 million dollars for the last fiscal year (please attach statement).
<input type="checkbox"/> 2. Supplier is a privately held entity, and no physician or an immediate family member of a physician individually owns, directly or indirectly, any ownership interest.	<input type="checkbox"/> 4. Supplier is a privately held entity, with one or more physicians, directly or indirectly having an ownership interest; or Company is a physician. (list names of physician owners on Continuing Page)
<input type="checkbox"/> 5. Supplier is a publicly traded company with less than \$75 million dollars in stockholder's equity or is not traded on an exchange, and a physician or an immediate family member(s) of a physician individually owns, or physicians collectively own, a controlling interest. (list names of physician owners on Continuing Page)	
If Option 4 or 5 is checked, please list the names of the physician owners on Continuing Page.	
If Option 4 or 5 is checked, does Supplier have a written, signed contract with any HCA affiliated entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please attach a copy to this certificate.	
7. Does Supplier have a current compensation arrangement with a physician or immediate family member of a physician who refers patients, tests or services to the HCA contracting party(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", does Supplier have a written, signed contract with any HCA affiliated entity? If "yes", please attach a copy to this certificate. Please list names of the referring physicians on Continuing Page.	
For HCA affiliate only: Name of Requestor (Required): _____	
If a signed, written contract with any HCA affiliated entity is produced, has it been approved by operations counsel? <input type="checkbox"/> yes <input type="checkbox"/> no	
If the contract has not been approved by Operations Counsel, obtain approval before proceeding with any arrangement with the Company.	
Supplier agrees to promptly notify Supply Chain Consolidated Service Center at 245B Great Circle Road Nashville, TN 37228 , of any changes in the above as soon as such changes are known.	
To reply by fax, please send to 866-741-1672 . If you have any questions about this form, please call Pam Griffith, 615-744-2561 .	

¹ An immediate family member means 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, brother-in-law or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

CERTIFICATE

PURCHASING AGREEMENT

Regarding the Purchasing Agreement between **Facility Legal Name**, and **Vendor Legal Name**. ("Vendor"), effective _____ 20__ (the "Purchasing Agreement").

Certification by Business Owner

The undersigned hereby certifies that:

- 1) I have reviewed the Purchasing Agreement described above;
- 2) The items and/or services covered by the Purchasing Agreement are priced at fair market value;
- 3) The methodology for determining fair market value is described as follows:

- 4) There are no agreements or understandings, whether written or oral, that condition the consideration on the volume or value of any referrals or other business generated between the parties;
- 5) I have verified that the Vendor is not currently excluded or ineligible to participate in any Federal health care programs; and
- 6) I will verify that the items and/or services are provided prior to payment.

By: _____

Name: _____

Title: _____

Date: _____

Certification by Supervisor

The undersigned hereby certifies that:

- 1) I have reviewed the Purchasing Agreement described above and hereby approve the terms thereof.
- 2) Based upon the above certification, as well as any personal knowledge I may have, to the best of my information and belief, the items and/or services are priced at fair market value.

By: _____

Name: _____

Title: _____

Date: _____

Legal Department Approval

The Purchasing Agreement and all addenda are hereby approved as to form:

By: _____

Name: _____

Title: _____

Date: _____

CERTIFICATE

FACILITY PURCHASING AGREEMENT

Regarding the Purchasing Agreement between **Facility Legal Name**, and **Vendor Legal Name**. ("Vendor"), effective _____ 20__ (the "Purchasing Agreement").

Certification by CEO

The undersigned hereby certifies that:

- 1) I have reviewed the Purchasing Agreement described above;
- 2) The items and/or services covered by the Purchasing Agreement are priced at fair market value;
- 3) The methodology for determining fair market value is described as follows:

- 4) There are no agreements or understandings, whether written or oral, that condition the consideration on the volume or value of any referrals or other business generated between the parties;
- 5) I have verified that the Vendor is not currently excluded or ineligible to participate in any Federal health care programs; and
- 6) I will verify that the items and/or services are provided prior to payment.

By: _____

Name: _____

Title: _____

Date: _____

Certification by Senior Vice President

The undersigned hereby certifies that:

- 1) I have reviewed the Purchasing Agreement described above and hereby approve the terms thereof.
- 2) Based upon the above certification, as well as any personal knowledge I may have, to the best of my information and belief, the items or services are priced at fair market value.

By: _____

Name: _____

Title: _____

Date: _____

Legal Department Approval

The Purchasing Agreement and all addenda are hereby approved as to form:

By: _____

Name: _____

Title: _____

Date: _____