



OWNERSHIP ACKNOWLEDGMENT FORM

1. Does a Physician, Physician Entity, Family Member of a Physician, or a Referral Source directly or indirectly own or have an investment in the (Vendor/Other Contracting Party)?
Yes No Publicly-Traded Company

If yes, please provide detail: _____

2. Does a FMOLHS employee or a Family Member of a FMOLHS employee directly or indirectly own or have an investment in the (Vendor/Other Contracting Party)?
Yes No Publicly-Traded Company

If yes, please provide detail: _____

For purposes of this Ownership Acknowledgment Form only:

“Physician or Physicians” means any individual healthcare provider or healthcare provider that is a member of the medical staff of a group medical practice, medical facility or hospital including but not limited to a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, a chiropractor, or a clinical psychologist. This definition shall also include a medical intern, resident, fellow or group medical practice.

“Physician Entity” means a business owned in whole or in part by a Physician or Family Member of a Physician.

“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.

“Referral Source” broadly means any Physician in the FMOLHS market or on the medical staff or who uses the services/facilities of FMOLHS.

“Own” or *“Investment”* does not include ownership of/investment in publicly traded companies purchased on the open market or ownership of/investment in certain mutual funds. See 42 CFR § 411.356(a) or (b) for more detail.

“FMOLHS” means Franciscan Missionaries of Our Lady Health System, Inc. including all wholly-owned subsidiaries.

LEGAL NAME of Vendor/Other Contracting Party: _____

Signature

Printed Name: _____

Title/Its: _____

Address: _____

Date: _____