

## Vendor Compliance Survey

1. Is your company owned in whole or part, directly or indirectly, by a Physician who refers patients to or treats patients at any Ochsner Facility or an Immediate Family Member of a Physician who refers patients to or treats patients at any Ochsner Facility?
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 any Ochsner facility?
3. Does your company employ or contract with a Physician who refers patients to or treats patients at any Ochsner Facility or an Immediate Family Member of a Physician who refers patients to or treats patients at any Ochsner Facility?

If the answer to question 3 is Yes, then

- a. Does that 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 any Ochsner Facility?
  - b. 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 Member of such Physician?
4. If you are entering into an arrangement as a vendor with Ochsner or any Ochsner as an individual, are you a Physician who refers patients to or treats patients at any Ochsner Facility or an Immediate Family Member of a Physician who refers patients or treats patients at any Ochsner Facility?

*If you answered 'Yes' to any of questions (1-4) above, please answer the following*

(i) Does Vendor have a written, signed contract with Ochsner?

Yes (If "Yes" Please attached a copy)    No    Contract Pending

(ii) Name List the Names of each Physician who has ownership in Vendor or whose immediate family member(s) have ownership in Vendor

(iii) The name(s) of each Ochsner Facility to which the Physician or other person refers

(iv) If applicable, the name of each of the Physicians immediate family member(s) who have ownership in Vendor

## **Service Organization Control (SOC) Questionnaire**

1. Will you process financial transactions (such as credit card transactions) on behalf of Ochsner Health System or any of its partners or subsidiaries?
2. Will you provide a service that OHS relies upon for its own financial reporting?
3. Will you store or transfer confidential information (e.g., PHI or PII) from OHS hosted systems to your own hosted systems?
4. Will employees, subcontractors or other representatives of your organization be granted ongoing access to OHS systems?

## **Foreign Corrupt Practices Act (FCPA) Questionnaire**

1. Is the contracting party (company or individual) incorporated/domiciled in a jurisdiction outside the U.S.?
2. Is the contracting party a wholly-owned subsidiary of a company incorporated/domiciled outside the U.S.?
3. Is the contracting party (company or individual) providing services outside the U.S. for Ochsner?
4. Is the contracting party representing Ochsner on its behalf to third parties outside the U.S.?
5. Will the contracting party (company or individual) have to interact or engage with third parties located outside the U.S. to perform its obligations to Ochsner? (Contracting party can be within U.S. during such interaction.)