



MEDICAL PROVIDER CONFLICT OF INTEREST DISCLOSURE

VENDOR NAME: _____

In order to ensure that Cooper University Health Care complies with federal law concerning financial arrangements between physicians and entities that provide certain health care services, we require all vendors to 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, brother-in-law, or sister-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.

We are a publically traded Corporation and cannot attest to the occupation or personal relationships of all of our shareholders. (If checked, skip questions 1 and 2.)

- 1. Is your company owned in whole or part, directly or indirectly, by a physician who refers patients to or treats patients at any Cooper University Health Care Facility or an immediate family member of a physician who refers patients to or treats patients at any Cooper University Health Care Facility? YES NO
- 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 Cooper University Health Care Facility? YES NO
- 3. Does your company employ or contract with a physician who refers patients to or treats patients at any Cooper University Health Care Facility or an immediate family member of a physician who refers patients to or treats patients at any Cooper University Health Care Facility? YES NO
 - a. 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 a Cooper University Health Care Facility? YES NO
 - 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 members of such physician? YES NO
- 4. If you are entering into an arrangement as a vendor with any Cooper University Health Care Facility as an individual, are you a physician who refers patients to or treats patients at any Cooper University Health Care Facility or an immediate family member of a physician who refers patients to or treats patients at any Cooper University Health Care Facility? YES NO

If you answered "Yes" to any of the questions above, please indicate whether the physician/person is
 an employee an owner a contractor of the Company

and complete the following:

- a) Name of physician or other person who refers to the Cooper University Health Care Facility: _____
- b) The name(s) of any Cooper University Health Care Facility to which the physician or other person refers: _____
- c) If applicable, the name of the physician's immediate family member(s) who have ownership in the company: _____

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

Signature

Title

Printed Name

Date