UP HEALTH SYSTEM

Occupational Medicine

Please complete/sign & return with Service Authorization

OWNERSHIP CERTIFICATION

Date: _____ Address: _____

_____

Company: _____ 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:

☐ 1. Company is a publicly held company with its stock publicly traded, and no physician[1] nor an immediate family member of a physician[2] individually owns, or physicians collectively own, a controlling interest.	☐ 3. Company 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).
☐ 2. Company is a privately held entity, and no physician or an immediate family member of a physician individually owns, directly or indirectly, any ownership interest.	☐ 4. Company 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)
☐ 5. Company 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)	
6. 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 Company have a written, signed contract with any LifePoint affiliated entity? ☐ Yes ☐ No If "yes", please attach a copy to this certificate.	
7. Does Company have a current compensation arrangement with a physician or immediate family member of a physician who refers patients, tests or services to the LifePoint contracting party(ies)? ☐ Yes ☐ No If "yes", does Company have a written, signed contract with any LifePoint affiliated entity? If "yes", please attach a copy to this certificate. Please list names of the referring physicians on Continuing Page.	

[1] 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.

[2] 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.

List the Names of All Physicians who have ownership in the Company and whose immediate family members have ownership in the Company.

Physician Name	**Tax ID**

"COMPANY"

Acknowledged by:

Signature: _____ Date: _____

Name: _____ Phone: _____

Title*: _____

*If not an officer of the Company, please attach proof of authority to sign.