



**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:

<input type="checkbox"/> 1. Company is a publicly held company with its stock publicly traded, and no physician <sup>1</sup> nor an immediate family member of a physician <sup>2</sup> individually owns, or physicians collectively own, a controlling interest.	<input type="checkbox"/> 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).
<input type="checkbox"/> 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.	<input type="checkbox"/> 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)
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	

<sup>1</sup> 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.

<sup>2</sup> 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.

