

OMB Approval No. 0938-0685

**9. For Future Use****This Section Not Applicable****10. Staffing Company**

This section is to be completed with information about all staffing companies that use this supplier, either under written contract or by some other arrangement, to staff any other health care facilities. If this supplier is used by more than two staffing companies, copy and complete this section as needed. The supplier may be required to submit a copy of its current signed staffing company agreement/contract(s).

**A. Check here ☐ if this entire section does not apply and skip to Section 13.**

**B. 1<sup>st</sup> Staffing Company using this Supplier - Name and Address**☐ Add☐ Delete☐ Change

Effective Date: \_\_\_\_\_

1. Legal Business Name as Reported to the IRS

Tax Identification Number

2. "Doing Business As" Name (if applicable)

3. Business Street Address Line 1 (Street Name and Number)

Business Street Address Line 2 (Suite, Room, etc.)

City

State

ZIP Code + 4

Telephone Number

(Ext.)

Fax Number (if applicable)

E-mail Address (if applicable)

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**C. 1<sup>st</sup> Staffing Company using this Supplier - Contract/Agreement Information**

Answer the following questions about the staffing company and the supplier's contract/agreement with them.

1. Does the staffing company shown in Section 9B above and the billing agency identified in Section 8B have a common owner(s)? ☐ YES ☐ NO

2. If applicable, are there any provisions in the staffing contract/agreement that supersede or contradict the enrolling supplier's billing agreement? ☐ Not applicable ☐ YES ☐ NO

**D. 2<sup>nd</sup> Staffing Company using this Supplier - Name and Address**☐ Add☐ Delete☐ Change

Effective Date: \_\_\_\_\_

1. Legal Business Name as Reported to the IRS

Tax Identification Number

2. "Doing Business As" Name (if applicable)

3. Business Street Address Line 1 (Street Name and Number)

Business Street Address Line 2 (Suite, Room, etc.)

City

State

ZIP Code + 4

Telephone Number

(Ext.)

Fax Number (if applicable)

E-mail Address (if applicable)

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**E. 2<sup>nd</sup> Staffing Company using this Supplier - Contract/Agreement Information**

Answer the following questions about the staffing company's contract/agreement with this supplier.

1. Does the staffing company shown in Section 9D above and the billing agency identified in Section 8B have a common owner(s)? ☐ YES ☐ NO

2. If applicable, are there any provisions in the staffing contract/agreement that supersede or contradict the enrolling supplier's billing agreement? ☐ Not applicable ☐ YES ☐ NO

**11. Surety Bond Information****This Section Not Applicable**