

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

This section is to be completed if you are under contract to render medical services with a company that staffs health care organizations (e.g., hospital emergency rooms) with medical professionals to treat patients. If you are under contract with more than one staffing company, copy and complete this section for each. You may be required to submit a copy of your current signed staffing company agreement/contract.

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

B. Staffing Company 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 (optional)

E-mail Address (optional)

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C. Staffing Company Contract/Agreement Information

Answer the following questions about the staffing company and your contract/agreement with it.

1. If you have a contract/agreement with both a billing agency and a staffing company, does the staffing company shown in Section 9B and the billing agency identified in Section 8B have a common owner(s)? ☐ Not applicable ☐ YES ☐ NO

2. If you have a contract/agreement with both a billing agency and a staffing company (even if the billing agency and staffing company are the same), are there any provisions in your staffing company contract/agreement that supersede or contradict your billing agreement? ☐ Not applicable ☐ YES ☐ NO

11. Surety Bond Information**This Section Not Applicable****12. Capitalization Requirements for Home Health Agencies****This Section Not Applicable**