



**HEALTHCARE ORGANIZATION QUESTIONNAIRE**

Full name of Applicant: \_\_\_\_\_

1. Within the past 18 months has the JCAHO (Joint Commission on Accreditation of Healthcare Organizations) or any other certifying or accrediting body found the Applicant to be out of compliance with its certifying or accrediting standards? ..... [ ] Yes\*\* [ ] No
2. Does the Applicant have written procedures for peer review and credentialing that follow the standards established by the JCAHO's Accreditation Manual for Hospitals? ..... [ ] Yes [ ] No
3. Has the Federal Trade Commission or any other regulatory authority contacted the insured about actual or alleged violations, deficiencies or other related matters regarding the Applicant's operations, procedures or finances? ..... [ ] Yes\*\* [ ] No
4. Does the Applicant control more than 25% of all primary care hospital beds within the Applicant's geographic service area? ..... [ ] Yes\*\* [ ] No
5. Does any Entity proposed for this insurance have plans to merge with or acquire any other entity within the next three (3) years? ..... [ ] Yes [ ] No

If Yes, please answer the following questions:

- (a) Will the proposed transaction result in cost savings for the patient(s) and/or a broader offering of healthcare services? ..... [ ] Yes [ ] No
- (b) What impact will the proposed transaction have on the hospital's market share and the specialty services provided in its market?  
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- (c) Are there any exclusive agreements in place with physicians in the organization and the target organization? ..... [ ] Yes [ ] No
- (d) Is there any anticipated increase in fee for service pricing structures? ..... [ ] Yes [ ] No
- (e) Should there be reason to anticipate adverse public reactions to the transaction? ..... [ ] Yes [ ] No
- (f) Has there been any failure to secure regulatory approval for this transaction or any reason to expect that approvals won't be received? ..... [ ] Yes [ ] No
6. Has any Entity proposed for this insurance disclosed to any governmental entity violations or potential violations (or has any matter been brought against the Entity alleging violations) of the Civil False Claims Act; the Physician Ownership & Referral law {Stark Self-Referral Law}; acts potentially giving rise to Medicare/Medicaid Civil Money Penalties (including false claims and kickbacks) or acts potentially giving rise to Program Fraud Remedies? ..... [ ] Yes\*\* [ ] No
7. Has any Entity proposed for this insurance retained outside legal counsel to provide an opinion as to whether or not a certain course of conduct would be in violation of the Civil False Claims Act or the Physician Ownership & Referral law {Stark Self-Referral Law}? ..... [ ] Yes\*\* [ ] No
8. Has any Entity proposed for this insurance been subject to audit investigation alleging: (1) received overpayments for services provided or (2) violations of any law? ..... [ ] Yes\*\* [ ] No
9. Has any Entity proposed for this insurance invested in billing edit-checking software or utilize an external firm to monitor billing and coding compliance? ..... [ ] Yes [ ] No

**Fraud Warning:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

Signing this Supplement does not bind the Insurer to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by the Applicant, officer, partner or equivalent (within 60 days of the proposed effective date).

Date	Signature	Title
_____	_____	_____
	_____ Name (please print)	

**If "Yes" response and marked with \*\*, please provide details below:**

**ADDITIONAL EXPLANATIONS**

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**STATE FRAUD STATEMENTS:**

**APPLICABLE IN COLORADO**

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICABLE IN HAWAII**

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**APPLICABLE IN MAINE**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN MARYLAND:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN OHIO**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA**

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN WASHINGTON**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.