



Healthcare Services

Contractor Questionnaire

Contractor request Form	
Submittal Date:	<input type="text"/>
Contractor's Information	
Contractor's Legal Name and d/b/a, if applicable:	<input type="text"/>
Identify type of legal entity:	<p><input type="radio"/> Corporation Identify State of Corporation <input type="text"/></p> <p><input type="radio"/> Limited Liability Company (LLC)</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Individual</p> <p><input type="radio"/> Other Please specify other type of legal entity <input type="text"/></p>
Contractor's Contact Information (for negotiation and contract process)	Contact Name: <input type="text"/> Contact Phone: <input type="text"/> Contact Email: <input type="text"/>
Contractor's Address (for contract notices)	Name <input type="text"/> Title <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Contractor's Signatory information of person who will sign the Agreement (Required for electronic signature)	Signatory Name <input type="text"/> Signatory Title <input type="text"/> Signatory Email <input type="text"/>

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Contractor's Arrangements	
Please indicate, if Contractor is owned directly or indirectly by any of the following:	<input type="checkbox"/> A Physician (meaning an MD, DO, dentist, podiatrist, optometrist, or chiropractor) or any entity owned by a physician; or An immediate family member of a physician as defined above (meaning a spouse, parent, child, or sibling (whether by birth, adoption, or step-relationship and including in-law relationships), and a grandparent or grandchild and spouse of a grandparent or grandchild of a physician). <input type="checkbox"/>
Board or Committee	Presbyterian Healthcare Services entities include: <ul style="list-style-type: none"> Bernalillo County Healthcare Corp. (dba: Albuquerque Ambulance Service) Presbyterian Healthcare Foundation Presbyterian Properties, Inc. Southwest Health Foundation Presbyterian Health Plan, Inc. Presbyterian Insurance Company, Inc. Presbyterian Network, Inc. Fluent Health, LLC. <input type="checkbox"/> If any owner, officer, director, or key employee of Contractor serves on a board or committee of any Presbyterian Healthcare Services entity or affiliate List and include applicable board or committee <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
IT Access and Security:	
Equipment	Will equipment (including medical devices) or hardware be installed or connected to Presbyterian's IT systems or network? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes Please describe equipment <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Software	Will software (including cloud-based solutions) be installed or connected to Presbyterian's IT systems or network? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes Please describe software <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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As part of this contract [select all that apply]:	<ul style="list-style-type: none"> <input checked="" type="radio"/> The contractor or its staff or employees will: <ul style="list-style-type: none"> <input type="checkbox"/> Requires electronic access to medical records <input type="checkbox"/> Provide direct patient care <input type="checkbox"/> Work in patient treatment or clinical areas <input type="checkbox"/> Work on-site at Presbyterian administrative offices <input type="checkbox"/> Have access to Presbyterian IT systems <li style="padding-left: 40px;">Access, store, create, or transmit Personal Health Information (PHI) or <input type="checkbox"/> Personally Identifiable Information (PII) or financial information of Presbyterian's patients or members <ul style="list-style-type: none"> <input checked="" type="radio"/> None of the above are applicable to this contract
Offshore Activities	Will the Contractor provide any services or use people or resources located outside the 50 states of United States to provide services to Presbyterian? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No Please describe services <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Excluded Provider	Has Contractor been excluded from participation in federal or state health care programs? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No Verifications from OIG, SAM and applicable State sites should be provided. Describe manner and frequency of Contractor's excluded provider checks on its employees and contractors. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Required Attachments:	
Attachments	<ol style="list-style-type: none"> 1. W-9 2. Insurance. Summary description of insurance coverage, including applicable limits 3. (If applicable) Excluded Provider verifications from OIG, SAM, and applicable State sites.