UCRIVERSIDE UNIVERSITY OF CALIFORNIA | School of Medicine

Stark Screening Form

Payee Name____

UCR School of Medicine requires all paid individuals and vendors to provide the following information in order to comply with federal law concerning the financial arrangements between physicians and healthcare service providers.

For the purposes of answering these questions the following definitions apply:

"Immediate family member" includes: husband or wife; birth or adoptive parent; child; sibling; stepparent, child, brother or sister; in-laws-father, mother, daughter, son, sister, brother; grandparent or child; spouse of a grandparent or child.

"Physician": Doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, and doctor of optometry or a chiropractor.

Individual Payee: (answer question and move to signature below)

1. Are you entering into an agreement with UCR Health as: (1) an individual physician or (2) immediate family member of a physician and you are capable of making referrals to or treat patients at a UCR Health Practice Location?
   ☐Yes ☐No

Company Vendor:

1. Is your company owned in whole or part, directly or indirectly by any of the following?
   - Physician ☐Yes ☐No
   - Immediate family member of a physician ☐Yes ☐No
   - Other referral source (nurse practitioner, physician's assistant) ☐Yes ☐No

2. Does your company employ or contract with a physician or immediate family member of a physician who is capable of referring to or treats patients at a UCR Health Practice Location?
   ☐Yes ☐No

If you answered 'Yes" to any of the above please indicate if the physician/immediate family member or other referral person is:

☐Owner ☐Employee ☐Contractor And provide the following:

Name of Physician or other referral source:____

I represent that the answers provided above are truthful and accurate as of the date of my signature below and that I will immediately notify UCR School of Medicine of any changes if they occur.

____ ____
Signature Date

____ ____
Print Name Title