



Vendor Intake, Compliance Acknowledgement and Attestation

Code of Conduct

The Spring Hills post-acute, skilled nursing and long term care facilities operate in accordance with a set of fundamental compliance principles summarized in a Code of Conduct. The Company requires all vendors, contractors, consultants and anyone else doing business with these facilities to abide by the pertinent provisions of that Code in the conduct of The Company's business.

False Claims Prevention

Section 6032 of the federal Deficit Reduction Act of 2005, ("DRA") requires, the Company to educate all vendors, contractors, consultants and anyone else doing business with it, its staff or affiliates as to its policies and procedures for detecting and preventing fraud, waste and abuse in federally funded health care programs pursuant to the federal False Claims Act and related state authorities.

The Spring Hills Code of Conduct and False Claims Prevention Policy are located on the Company website here: <https://www.springhills.com/compliance/>

Exclusions from State and Federal Healthcare Programs

Various federal and state laws prohibit the Company from contracting or otherwise arranging for the provision of goods or services paid for in whole or in part by publically funded health care programs, from entities or individuals who have been excluded, suspended, debarred or otherwise restricted from doing business with any federal or state funded healthcare program ("*Excluded Individuals or Entities*"). Based on the nature of the goods or services any contractor provides, we reserve the right to require as a condition of doing business with the Company, that contractor has taken and will continue to take throughout the term of any agreement, reasonable and ongoing measures to ensure that neither it, nor any entity or individual acting at its direction or on its behalf in the conduct of the Company's business, is an *Excluded Individual or Entity* and to notify the Company immediately in writing upon learning that any such individual or entity has become "*Excluded.*" In addition, this will notify you that as part of its ongoing compliance program, the Company will periodically check various federal or state designated databases to ensure that those with whom it does business are not "*Excluded Individuals or Entities.*"

Consequences of Non-Compliance

The Company expects anyone doing business with it to abide by the policies and procedures addressed above and to notify it via toll free phone call at 844-530-0002 or online at reports@lighthouse-services.com immediately upon becoming aware of a violation of those policies and procedures. Notwithstanding the terms of any contract or agreement between you and the Company, the Company reserves the right in its sole and absolute discretion, to terminate such contract or agreement in the event it learns of a violation which it believes cannot otherwise be cured.



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Vendor Compliance Acknowledgment & Attestation

I, _____,
(Name and Title of Vendor authorized representative)

On behalf of _____
(Name of Vendor)

(hereafter “we”) hereby confirm that we have been provided access to the Company’s Code of Conduct and False Claims Prevention policy, that we have read and understand these policies and agree to conduct all of our business with the Company in accordance with the terms, conditions and principles set forth therein.

We further confirm that neither we, nor any entity or individual providing goods or services to the Company on our behalf, is an “*Excluded Individual or Entity*,” And that we will immediately notify the Company in writing should we become aware of any such “Exclusion.”

We further acknowledge and confirm that failure on our part to abide by the terms, conditions and principles of these documents and this Attestation may at the Company’s discretion be grounds for termination for cause of this contract and or any business relationship with the Company.

Name and Title of Authorized Representative

Date: _____

Signature



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Vendor Intake

Vendor Name: _____

EIN/SSN: _____

Principal Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

IMPORTANT - NO PURCHASE ORDER/NO PAY POLICY

Please be advised that Spring Hills maintains a strict “No Purchase Order/ No Pay” policy. The Purchase Order policy ensures that all work, projects, hardware, goods and services orders to be provided by a vendor/supplier have been approved by the appropriate Spring Hills Senior Communities/Atrium Post-Acute personnel. **Reference to an approved purchase order is mandatory when invoicing.** It is your responsibility to ensure that you request and obtain a purchase order prior to providing any goods or services.

PAYMENT FOR GOODS AND SERVICES WILL NOT BE MADE WITHOUT AN APPROVED PURCHASE ORDER.

Please print the completed Intake, Compliance Acknowledgement and Attestation form together with a copy of Vendor’s W9 form and email competed forms to vendorintake@springhills.com

Receipt of the completed form and W9 is required to commence services and for payment.