

# Dialysis Regulatory and Ancillary Policies & Procedures

Policy: 3-03-117A

DaVita HealthCare Partners Inc.

Vendor Proposal: Request to Contact DaVita Teammates about Consulting Services

Company Name: \_\_\_\_\_

Program Name (Program): \_\_\_\_\_

## A. Legitimate Need for Consultants

DaVita Question	Requestor Answer
1. Why does your organization need to engage consultants/advisors for the Program?	
2. What are the criteria for selecting consultants?	

## B. Provision of Services

1. What services will the consultants provide (the "Services")?	
2. How will your organization track the Services provided by consultants?	

## C. Compensation

1. How will consultants be compensated?	
2. How did your organization determine that the compensation was FMV?	

## D. Additional Documentation

- List of potential DaVita Consultants     Copy of Consulting Agreement Attached  
 Overview of Program and Corresponding Materials

I agree and certify that the legitimate need for the Services was clearly identified in advance of (i) requesting consultants to provide the Services, (ii) entering into arrangements with the prospective consultants and (iii) compensation is at fair market value (FMV).

I agree and certify that the criteria for selecting consultants are directly related to the identified need. I certify that the persons responsible for selecting the consultants have the expertise necessary to evaluate whether the selected DaVita teammates meet the criteria. I certify that the DaVita teammates we would like to contact about the provision of Services meet the criteria.

I agree and certify that the number of health care professionals to be retained is not greater than the number reasonably necessary to achieve the identified purpose of the Program.

I agree and certify that the request to engage DaVita teammates to provide the Services is not intended to generate referrals for services or supplies for which payment may be made in whole or in part under any federal health care program..

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Company Representative

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