



POLICY # COMP-KC-023	Revision: 1.0	Page 1 of 3
TITLE: Vendor Proposal - Request to Contact DaVita Teammates for Consulting Services		
Department: Compliance (Team Quest)	Effective date: 10/22/2018	
<i>Teammates must promptly report all potential violations of DaVita's Code of Conduct, Corporate Integrity Agreement (CIA) obligations, Compliance Policies and Procedures and/or applicable laws or regulations. Reports should be made to the Compliance Department (Team Quest), or the Compliance Hotline (888-458-5848 or DaVitaComplianceHotline.com). In accordance with DaVita's Non-Retaliation policy, DaVita will not tolerate any form of retaliation against anyone who files a compliance report in good faith. Questions regarding any Compliance Policy may be directed to Team Quest via the QUESTionLine at QUESTionLine@davita.com.</i>		

Vendors must complete page 2 and submit to Clinical Operations at ClinicalOperations@davita.com. Clinical Operations will approve or deny the request.

Vendor Proposal – Request to Contact DaVita Teammates for Consulting Services

Requesting Vendor Information		
Organization Name (Organization):		
Organization Representative Name:		
E-mail Address:		Phone Number: () -
Program Name (Program):		

Legitimate Need for Consultants	
Why does your Organization need to engage Consultants for the Program?	
What are the criteria for selecting Consultants?	
Provision of Services	
What services will the Consultants provide (Services)?	
How will your Organization track the Services provided by Consultants?	
Compensation	
How will Consultants be compensated?	
How will your Organization determine that the compensation is Fair Market Value?	
Other required documentation attached to this request:	<input type="checkbox"/> List of potential DaVita Consultants <input type="checkbox"/> Copy of Consulting Agreement <input type="checkbox"/> 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 Organization Representative

Date

Printed Name of Organization Representative