

G.	REGULATORY AND COMPLIANCE MATTERS, GOVERNMENT APPROVALS AND PERMITS
G1	All material correspondence or filings with, reports of or to, or other material information with respect to any local, state or federal regulatory bodies or other state healthcare and insurance agencies which regulate the businesses owned and/or operated by or for the benefit of the Company (including, without limitation, CMS, IRS, OIG, FBI, DOJ, DEA, AG, state licensing boards, state certificate of need commission, etc.).
G2	All material correspondence with, reports of or to, filings with, or other material information with respect to any federal, state or local licensing, qualification or compliance review agencies relating to the Company.
G3	Copies of all licenses, permits, certifications, registrations (including, without limitation, DEA, Controlled Drug Substance, CLIA, x-ray registrations, etc.), accreditation certificates, certificates of need and certificates of registration with respect to the Company (and any of its affiliates) and all physicians and health/patient care professional/practitioners, including any pending applications.
G4	Copy of the Company's Code of Ethics, Compliance Plan/Program and equivalent or related policies (including HIPAA Privacy and Security Policies/Notices, HIPAA disclosure log, records regarding training of employees in HIPAA compliance, policies and procedures related to the HIPAA security rule, any applicable routine and special compliance auditing and monitoring reports and activities, and reporting and disclosure logs maintained pursuant to the Company's compliance policies or hotline).
G5	Copies of all settlement agreements, consent decrees, orders, corporate integrity agreements or similar agreements entered into with any federal, state or local governmental agency.
G6	List of any current or past employee or contractor that has been suspended or excluded from a state or federal health care program.
G7	Any other documents in the following categories: List of all payments to referral sources during the last 12 months, including amount and recipient. List of all amounts received or receivable from a referral source during the past 12 months.
G8	Does the Company have \$5,000,000 or more in Medicaid revenues? If so, is the Company currently compliant with the false claims education requirements and other requirements of the Deficit Reduction Act of 2005 (DRA)?
G9	All payor and managed care contracts and agreements relating to the Company.
G10	Indicate the top 10 payors.
G11	A description of any dispute within the Applicable Period, or any material breach by any party, with respect to any of the above payor contracts or agreements relating to the Company.
G12	Copies of all Medicare, Medicaid and TriCare provider/enrollment applications, including all Medicare CMS-855 filings submitted and related correspondence.
G13	Copies of evidence of Medicare, Medicaid and TriCare provider/supplier enrollment as a group practice.
G14	A description of any pending or threatened federal, state or local governmental investigations relating to the Company.
G15	List all audits (whether MAC, RAC, ZPIC, etc.), pre-payment or post-payment review, investigations, inquiries, actions, recovery actions, or appeals pending or threatened by any third party payor (government or commercial) or any other entity or agency, which may have an adverse financial effect on the Company.
G16	If applicable, a schedule detailing the Company's accreditation status (including any copies of any accreditation surveys, reports, or certificates from AAAHC or other accreditation agency).
G17	Describe any validation review or peer review related to the Company which has been conducted during the Applicable Period.

G18	Has the Company received any complaints, incident reports or other inquiries from the Office for Civil Rights or any other government or regulatory agency regarding HIPAA privacy, security or transaction code standard compliance?
G19	Identify the categories of Stark law “designated health services” that the Company provides, including CPT codes.
G20	Describe the laboratory and/or pathology services utilized by the Company and the name of the provider(s). This includes a description of such services provided by the Company directly, and a description of such services that are sent out to a third party, and copies of any agreements with such third parties
G21	All documentation relating to the determination and/or verification of fair market value relating to any items, services, leases of space or equipment, purchase agreements or other financial relationships between the Company and any physician or health/patient care professional/practitioners or other individuals or entities who may be referral sources for the Company.
G22	List any exceptions to the timely filing of all claims and reports required to be filed in connection with all state and federal Medicare and Medicaid programs or required to be filed with all applicable health insurers or health care payers.
G23	Describe the current electronic medical record, patient information and billing system used by the Company, including a description of the Company’s billing mix and client billing.
G24	Does the Company dispense or sell prescription drugs or products? If so are any such drugs or products reimbursable by Medicare or Medicaid?
G25	Does the Company have a DMEPOS supplier number?
G26	Waiver of copayments. (a) Does the Company routinely waive co-payments, deductibles, or out-of-network penalties? (b) Does the Company have a policy with respect to such waivers, and does it at all times comply with such policy? (c) Does the Company inform payors that such a waiver has occurred on every applicable bill submitted to payors?
G27	Does Owner or any family members of Owner have any financial relationship (including any direct or indirect ownership, or compensation arrangements) with any provider of services for the Company? If so please describe.
G28	Is the Company’s landlord, or any owners of the landlord, a patient referral source to the Company, and/or a recipient of referrals from the Company or its owners or providers?
G29	Please provide copies of all Medicare surveys, approved plans of correction, and any applicable explanations.
G30	Please provide copies of all the Company’s internal reports, including risk management reports, quality committee reports, adverse incident reports, compliance committee reports, etc.
G31	Please provide a copy of the Company’s medical staff bylaws, if any.
G32	Does the Company bill payors (governmental or commercial) for any services performed by other parties? If so please describe. For example, are there arrangements with non-employee physicians or lab companies in which those companies perform a service, receive compensation from the Company, and the Company bills payors for the services?