

Date: _____

Main Information

Legal Company Name: (As stated on W9)	
Doing Business As (DBA):	
Tax ID: EIN # or SSN #	
Website:	
DUNS: (For EDI submission)	
Payment Terms:	NET45

Business Address

Corporate HQ Business Address (Street/City/State/Zip)	Payment/Remittance Address (if different from Corporate)
Purchase Order Address (if different from Corporate)	Other Address (i.e., Factor company)

Contact Information (To Place Orders-Sales)

Name	Title	Phone #	Fax #	Email Address

Contact Information (Corporate Management)

Name	Title	Phone #	Fax #	Email Address

Contact Information (For Billing/Payment-Accounts Receivable)

Name	Title	Phone #	Fax #	Email Address

Complete if you use Factor for payment submission.

For remittance address, complete the Business Address section under "Other Address".

Company Name	Phone #	Fax #	Email Address

Supplier General Information

What kind of products/services are offered by your company?		
Has your company previously done business with any of our BHSF entities? If so, please indicate which ones and in what capacity.		
Is your company related to another company? (i.e. Parent or Sister Company). If so, please provide the name and Tax ID #.		
Are you a current BHSF employee? If yes, please contact Audit & Compliance at ContactCompliance@BaptistHealth.net .	YES	NO
Have you ever been a BHSF employee?	YES	NO
If you have been a BHSF employee, please indicate employment period details. (MM/YY)		
Does your company offer reasonable health insurance to employees?	YES	NO
Is your company associated with Premier Group Purchasing Organization?	YES	NO
Does your company carry Business Insurance? If yes, please attach a COI. (Workers Comp, General Liability, Auto Liability, etc.)	YES	NO

BHSF accepts invoice submission via the following methods. Circle one that your company will use to bill us.

Please note, we do not accept invoices submitted through the United States Postal Service.

Via Email: APIInvoices@BaptistHealth.net (PDF Format, One invoice per email.)	YES	NO
Via EDI (Electronic Data Interchange)	YES	NO

If you cannot accommodate any of the above invoice submissions, please contact our Accounts Payable Department at the AP Customer Service email address: APDept@baptisthealth.net

A Purchase Order number must be reflected on the invoices to avoid delay in processing payments.

BHSF provides the following payment methods. Circle the one that your company prefers to receive payments.

ePayables Credit Card (Bank of America-Virtual Credit Card)	YES	NO
Paymode-X ACH (Third Party Affiliate) http://www.paymode.com/baptisthealth	YES	NO

If you need assistance in signing up or you cannot accommodate any of the above payment methods, please contact our Banking Team at the AP Payments Customer Service email address: APPayments@baptisthealth.net

Please check (✓) the Type of Contractor that applies:

<input type="checkbox"/>	Domestic Contractor Outside US	<input type="checkbox"/>	JWOD Nonprofit Agency
<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	Large Business
<input type="checkbox"/>	Foreign Contractor	<input type="checkbox"/>	Minority Institution
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Nonprofit Organization
<input type="checkbox"/>	JWOD Nonprofit Agency	<input type="checkbox"/>	Small Disadvantaged Business
<input type="checkbox"/>	Other Small Business	<input type="checkbox"/>	Not Applicable

Please check (✓) the SDB Program (Small Disadvantaged Business) that applies:

<input type="checkbox"/>	8(a) Contract Award	<input type="checkbox"/>	SDB Participating Program
<input type="checkbox"/>	8(a) With HUBZone Priority	<input type="checkbox"/>	SDB Price Evaluation Adjust
<input type="checkbox"/>	SDB Set-Aside	<input type="checkbox"/>	Not Applicable

Please check (✓) other Preference program that applies:

<input type="checkbox"/>	Buy Indian	<input type="checkbox"/>	Small Business Set-Aside
<input type="checkbox"/>	Directed to JWOD Nonprofit	<input type="checkbox"/>	Very Small Business Set-Aside
<input type="checkbox"/>	No Preference/Not Listed	<input type="checkbox"/>	Not Applicable

Please check (✓) Ethnicity that applies:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Other	<input type="checkbox"/>	Not Applicable

Please check (✓) HUBZONE Program that applies:

<input type="checkbox"/>	Combined HUBZone Price Adjust	<input type="checkbox"/>	HUBZone Sole Source
<input type="checkbox"/>	HUBZone Price Evaluation Preference	<input type="checkbox"/>	HUBZone Set-Aside
<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	

Please check (✓) Size of Small Business that applies:

<input type="checkbox"/>	50 or less	<input type="checkbox"/>	51 – 100
<input type="checkbox"/>	101 – 500	<input type="checkbox"/>	501 – 1000
<input type="checkbox"/>	1001 – 1500	<input type="checkbox"/>	1,500 +

Please check (✓) VOSB - Veteran Owned Small Business that applies:

<input type="checkbox"/>	Not Veteran Owned Small Business	<input type="checkbox"/>	Service Disabled VOSB
<input type="checkbox"/>	Other Veteran Owned Small Business	<input type="checkbox"/>	Not Applicable

Please check (✓) any category that your company identifies with:

<input type="checkbox"/>	Emerging Small Business	<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Women Owned Business	<input type="checkbox"/>	Disabled
<input type="checkbox"/>	LGBTQ+ Owned Business	<input type="checkbox"/>	Not Applicable

Supplier Business References: (Not Required for Research Related Contracts)
Reference # 1:

Company Name	Corporate HQ Business Address (Street/City/State/Zip)
Contact Name	Contact Phone # / Email address

Reference # 2:

Company Name	Corporate HQ Business Address (Street/City/State/Zip)
Contact Name	Contact Phone # / Email address

Reference # 3:

Company Name	Corporate HQ Business Address (Street/City/State/Zip)
Contact Name	Contact Phone # / Email address

Pledge to protect patient confidentiality

When you are in any of our Baptist Health South Florida facilities assisting us in the use of your devices or when you collect information from us or our patients regarding an FDA-regulated device for which you have responsibility, your actions must be consistent with the privacy of our patients. These expectations arise under the policies and procedures that we have established to implement the federal privacy regulations and applicable state laws. To help ensure that our expectations in regards to our patients privacy are met, by signing below you agree to:

- Notify our personnel when registering, signing in, or visiting our premises, in accordance with our established procedures.
- Obtain, use and disclose protected health information ONLY as necessary to assist us or a patient using your device or to fulfill your obligations under the Federal Food Drug and Cosmetic Act.
- Seek clarification from the Baptist Health Chief Privacy Officer at 786-596-8850 if you have any questions about whether you may obtain, use or disclose protected health information.
- Guard and maintain the confidentiality of protected health information, including, but not limited to, keeping such information secure, private, and out of public view, and avoiding conversations about such information except as necessary to meet your obligations.
- At a minimum, by executing this pledge, you are agreeing to not record, use, or disclosure any protected health information to which you are incidentally exposed to on our premises without permission.
- Immediately report to the Baptist Health Chief Privacy Officer any uses and/or disclosure that do not comply with applicable law or these confidentiality requirements or any breach or threat to the security of protected health information of which you become aware.

If you have any questions with respect to our expectations or policies, please contact the Baptist Health Chief Privacy Officer at 786-596-8850 or Baptist Health Supply Chain Services at 786-596-6565.

I attest to having read the above pledge and agree to comply with the expectations set forth with the above confidentiality requirements to assist Baptist Health South Florida in protecting health information regarding their patients.

Signature of Company Representative

Company Name

Print Name

Date

Conflict of Interest

The company completing the supplier package certifies that no officer, executive or director of Baptist Health South Florida or its affiliates has received or will receive within twelve (12) months, any compensation, grant, award or item of value in excess of \$ 300.00 in connection with the award of any contract, except as fully disclosed by attachment. Furthermore, the company signing this form certifies that no officer of the company holds a position on the Board of Directors of Baptist Health South Florida, Board of Directors of any Baptist Health South Florida affiliate or serves as an employee of Baptist Health South Florida or any of its affiliates.

Signature of Company Representative

Company Name

Print Name

Date

By signing this Supplier Business Profile package, the Supplier has read, understood, and agrees to adhere to all of the following:

- BHSF Confidentiality Pledge
- BHSF Code of Ethics
- BHSF Compliance Policies
- BHSF Purchase Order Terms and Conditions
- BHSF Supplier Relations Policy/Supply Chain Policies and Procedures
- BHSF Conflict of Interest

Links to the above mentioned documents can be found on the Baptist Health South Florida Supplier website, <https://baptisthealth.net/healthcare-professionals/for-vendors>.

Signature of Company Representative

Company Name

Print Name

Date

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions.

You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

THIS PURCHASE ORDER AGREEMENT IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. DEFINITIONS.

- (A) Baptist Health South Florida, Inc. (hereinafter "BHSF") is the buyer issuing this Purchase Order;
- (B) "Order" or "Purchase Order": Purchase order for the purchase of goods and/or services being provided to BHSF.
- (C) "Purchasing Department": BHSF department which handles all purchases of the goods and/or services of the Order.
- (D) "Receiving Department": BHSF department where goods (equipment, supplies, etc.) of the Order are actually received.
- (E) "Seller": Person or company to which the Order is directed and which provides the goods and/or services. "Seller" may include vendors, suppliers and/or manufacturers.
- (F) "User Department": BHSF department that will use the goods and/or services of the Order.

2. DELIVERY. All shipments are FOB Destination which may be any entity of BHSF.

3. ACCEPTANCE. Acceptance of goods is constituted by a complete quality control check in the User Department to the satisfaction of the authorized User Department representative as deemed by the BHSF Corporate Director of Purchasing. Acceptance of the Order, whether by written acknowledgement or by performance by Seller, shall be upon the terms and conditions hereof. BHSF reserves the right to inspect all goods at the premises prior to acceptance. Ownership and risk of loss for goods will pass to BHSF after acceptance.

4. INQUIRIES. In the event that there are questions or problems in reference to the shipment, order, payments, all inquiries are to be directed to the BHSF Corporate Purchasing Department at 786-596-6565.

5. RECEIVING. The Purchase Order number must appear on invoices, packing slips and all containers. Failure to do so will delay payment to the Seller.

6. PRODUCT SUBSTITUTION. Substitution by Seller is not permitted without approval of the Purchasing Department. Unapproved substitutions will be returned at the expense of Seller.

7. BACK ORDERS. Back-order notification is required within one working day after transmission of order. Do not invoice for back orders until the back order is shipped.

8. THIRTY DAY CANCELLATION. In the event that that the terms of the Purchase Order are not being met by the awarded seller, i.e., valid service complaints, product complaints etc., BHSF may give 30 days' notice of the INTENT to terminate the Order. If after 30 days' written notice is given, the unfulfilled terms of the Order are not met, termination of the order, in whole or in part, without liability to BHSF shall take place. If Seller is engaging in any conduct that BHSF considers egregious, BHSF shall have the right to terminate the Order immediately, and without liability to BHSF.

9. TOTAL PURCHASE PRICE. The price indicated on the Purchase Order represents the total purchase price, including installation. No supplemental or incidental payments will be made.

10. TERMS OF PAYMENT. Unless otherwise stated, terms of payment will be 30 days after acceptance of product. No partial payment will be made unless otherwise specified.

11. ACCEPTANCE OF EQUIPMENT. Acceptance of equipment is constituted by a complete quality control check in the User Department to the satisfaction of the authorized departmental representative as deemed by the Corporate Director of Purchasing for BHSF.

12. EQUIPMENT CHECK. Seller will be responsible for final equipment receipt check list prior to installation.

13. WARRANTY. All equipment must carry at least a one-year warranty on parts and labor. Seller expressly warrants that all products and services covered by this Order shall conform to the specifications, patterns, drawings, samples or other description(s) upon which this Order is based, shall be fit and sufficient for the purpose intended, merchantable, of good material and workmanship, free from defect and that products and services of Seller's design will be free from defect in design. Inspection, test, acceptance or use of the products and services furnished hereunder shall not affect Seller's obligation under this warranty, and such warranty shall survive inspection, test, acceptance and use. This warranty shall run to BHSF, its successors, assigns and customers and users of the products and services covered by this Order. Seller agrees to replace or correct defects in any products or services not conforming to the foregoing warranty promptly, without expense to BHSF, when notified of such non-conformity by BHSF. In the event of failure by Seller to correct defects in or replace non-conforming products or services promptly, BHSF may make such corrections or replace such products or services and charge Seller for the costs incurred by BHSF thereby. Said warranties shall be in addition to any warranties of additional scope given by Seller to BHSF. None of said warranties and no other implied or expressed warranties shall be deemed disclaimed or excluded unless evidenced by a purchase order, change order, change notice or revision issued and signed by BHSF.

14. OPERATING MANUALS. Two copies of operating manuals, electrical and mechanical schematics and current parts lists must be received prior to payment of invoice.

15. All equipment must meet the requirements of UL-544 and NFPA 99.

16. 48-HOUR NOTIFICATION. 48-hour notification to the Receiving Department at the phone number noted under "ship to" is required on all large equipment and furniture prior to delivery to the receiving dock. This time is necessary to coordinate movement of equipment from the receiving dock to the User Department. Should Seller fail to notify the Receiving Department, any necessary storage or additional transportation costs as a result will be assumed by Seller.

17. IN-SERVICE SUPPORT. A qualified representative of the Seller is required to provide in-service support to all appropriate personnel as may be deemed necessary to BHSF.

18. HAZARD COMMUNICATION. Seller agrees to provide the User Department with a Material Safety Data Sheet for each product covered under this Purchase Order, where applicable, in accordance with the OSHA Hazard Communication Standard, 29 CFR Part 1910.1200 (Revised), with the first shipment. All hazardous materials must be properly labeled.

19. TRANSPORTATION EXPENSES. Seller must bear the total cost (including transportation expense and insurance) of recalled or updated equipment, products or parts. Seller shall be responsible for promptly furnishing an acceptable substitute for the product(s) at no additional cost to BHSF.

20. ACCOUNTS PAYABLE. Original invoice must be sent, in duplicate, to the attention of Accounts Payable Department, Baptist Health South Florida, Inc., 8900 North Kendall Drive, Miami, FL 33176. Phone number: 786-596-6364.

21. CONFORMANCE WITH APPLICABLE LAWS. Seller represents that merchandise covered by this Order was not manufactured and is not being sold or priced in violation of any Federal, State or Local Law.

22. FEDERAL ACCESS. In the event the Seller shall be deemed to be a subcontractor subject to the disclosure requirements of 42 U.S.C. § 1395x(v)(1)(I), or amendments thereto, until the expiration of four (4) years following the completion of furnishing services under this Agreement, upon written request of BHSF, the Seller shall make available to the Secretary of the Department of Health and Human Services, or to the Controller General, or any duly authorized representatives thereof, a copy of this Agreement and such books, documents, and records of the Seller that are necessary to certify the nature and extent of the costs to BHSF of the services provided pursuant to this Agreement. If the Seller carries out its duties of this Agreement through a subcontract with a related organization involving a value or cost of \$10,000.00 or more over a twelve-month period, the Seller shall cause such subcontract to contain a clause to the effect that until the expiration of four (4) years after furnishing of such services pursuant to such subcontract, upon written request of BHSF, the subcontractor shall make available to the Secretary, or to the Comptroller General, or any of their duly authorized representatives, the subcontract, and books, documents, and records of the subcontractor that are necessary to verify the nature and extent of costs incurred by the Seller for such services.

23. INDEMNITY. Seller will defend, indemnify and hold BHSF harmless from all claims proceedings, liabilities and expenses which result from the normal use of products as specified in this Purchase Order Agreement.

24. GOVERNING LAW. This Purchase Order shall be governed by the law of the State of Florida. Venue shall be in Miami-Dade County, Florida.

25. HIPAA. Seller agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the corresponding HIPAA regulations related to the confidentiality and security of medical information, including but not limited to executing a business associate agreement with BHSF, if applicable. In the event such an agreement is required, then this Purchase Order shall serve as a business associate agreement, and Seller agrees that Seller shall:

- 1. not use or further disclose protected health information ("PHI") other than as permitted by this Purchase Order or as required by law;
- 2. use appropriate safeguards to prevent use or disclosure of PHI other than as permitted by this Purchase Order;
- 3. report to BHSF any use or disclosure not permitted by this Purchase Order of which Seller becomes aware;
- 4. ensure that any agents or subcontractors to whom Seller provides PHI received from, or created or received by Seller on behalf of, BHSF agrees to the same restrictions and conditions that apply to Seller;
- 5. make available PHI to BHSF as necessary for BHSF to comply with patients' rights to access, amend, and receive an accounting of the disclosures of their PHI;
- 6. make available to the Secretary of Health and Human Services its practices, books and records relating to the use and disclosure of the PHI; and
- 7. return to BHSF or destroy all PHI once this Purchase Order is terminated.

This Purchase Order may be terminated by BHSF if it believes that the Seller has violated any material term in the above paragraph. BHSF, however, shall provide Seller with thirty (30) days' prior written notice in which time Seller shall have the ability to cure such violation.

26. INSURANCE. Seller shall maintain all insurance as required by law, including but not limited to Worker's Compensation Insurance for all employees engaged in the work, Commercial General Liability (CGL), and Automobile liability when applicable for all owned, non-owned and hired vehicles that are used in carrying out the contract. Seller shall provide to BHSF a certificate of such insurance from its insurance provider from time to time upon request.

27. TIME OF THE ESSENCE. Time is of the essence. Whenever there shall be any delay whatsoever in the delivery of products or services, BHSF shall have the right to withdraw this Order. Seller shall be liable for any costs or damages incurred by BHSF as a result of such delays. Seller will immediately notify BHSF of any potential delay.

28. ASSIGNMENT. Neither party shall assign or transfer this Purchase Order without the written consent of the other.

This Purchase Order Agreement with any written documents by specific reference constitutes the entire Agreement and supercedes all prior agreements, proposals, representations and communications between the parties hereto, unless noted otherwise on the face of this document, or when mutually agreed upon in writing by BHSF and Seller, or both. This form when properly signed and bearing a purchase order number is the only authorization which will be recognized by BHSF for charges to its account.



POLICY TITLE: Supplier Relations

Responsible Department: Supply Chain Services

Creation Date: 06/09/06

Review Date:

Revision Date: 2014/09/17

SUBMITTED BY (AUTHOR): Natalie Pita-Ortiz

Title: Corporate Assistant Vice President, Supply Chain Services

APPROVED BY: Suzzanne Thomson-Quintero

Title: Corporate Vice President, Supply Chain Services

PUBLISHED (Released): 2014/09/19

SUMMARY & PURPOSE:

This policy is designed to ensure proper sales support, minimize disruptions to operations and maintain safety and confidentiality guidelines.

POLICY:

The intent of this policy is to provide an overview of the conduct expected of visiting supplier representatives who visit any Baptist Health South Florida property. Suppliers are expected to comply with Baptist Health South Florida policies and procedures. All suppliers will be asked to attest reading this policy via our supplier portal, on the Baptist Health website. Although individual departments may have additional guidelines, this policy sets the minimum and uniform requirements of all business relations with Baptist Health South Florida or its affiliates. Suppliers must check in with any departments they visit.

Purchasing Philosophy:

Baptist Health South Florida endeavors at all times to purchase goods and services required to fulfill its charitable mission prudently, fairly and cost-effectively. Accordingly, it is the policy of Baptist Health South Florida that no person may participate in any purchase decision who has a real or perceived conflict of interest. Additionally, goods and services may not be purchased from a member of the governing Board (or a family member of the Governing Board member) that has an employment of financial interest. Equally rigid purchasing conflict of interest policies apply to all members of Baptist Health South Florida management and its physicians.

In discharging its responsibilities to purchase goods and services prudently, fairly and cost-effectively, Baptist Health South Florida will seek to purchase goods and services that provide the greatest value to the organization and its patients, all things being equal. We have a preference to purchase goods and services from local, state or national organizations that have a strong local presence. We insist on doing business with organizations that seek to comply with all federal, state and local laws. Finally, we have a bias to do business with organizations that operate in a socially responsible manner including providing reasonable health insurance options for their employees.

Baptist Health South Florida has very high expectations of its suppliers and business partners. We expect the highest level of ethical behavior. While the goal is to bring value to BHSF, it must be done with a superior level of integrity, professionalism, and honesty.

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

Vendormate has been selected as the company to credential supplier representatives who visit Baptist Health South Florida. The partnership with Vendormate allows for background checks, vaccination records, and training competencies on supplier representatives. In addition, Vendormate provides Baptist Health South Florida with relevant business information, such as bankruptcies, liens, sanction notices, judgments, credit score, balance sheet data and public trading status, for your company.

Each supplier representative visiting Baptist Health South Florida will be required to register with Vendormate and create a vendor profile on the web-based system. Supplier companies and their employees will need to sign in and out upon each visit, as well as provide a destination and purpose for their visit. Kiosks will be available at all facilities to enable the registration and checking-in process. Below is further information on kiosk locations.

Personnel Involved in the Process:

All employees, physicians, board members and suppliers

Renewal/Review:

This policy will be reviewed every two years or whenever a significant procedure changes.

SCOPE/APPLICABILITY:

This policy applies to all departments within Baptist Health South Florida and staff who may have dealings with outside suppliers

PROCEDURES TO ENSURE COMPLIANCE:

1. Arriving: All suppliers wishing to visit hospital departments and personnel must first register with the vendor management system and continue using the vendor management kiosks to sign in on subsequent visits. If the vendor management kiosk systems are not functional, suppliers must sign in at the respective Supply Chain Services locations.

- A. Baptist Hospital of Miami – Vendor Management Kiosk, located at main entrance, west entrance, MCVI lobby, Emergency Department lobby, Medical Specialties building, and Corporate Supply Chain Services, Support Services Building, 2nd floor
- B. South Miami Hospital – Vendor Management Kiosk, located at the main entrance, the east tower entrance, and at Supply Chain Services
 - a. Supply Chain Services is located on the 2nd floor
- C. Doctors Hospital –Vendor Management kiosk, located near the main lobby, and by elevator B outside Supply Chain Services
 - a. Supply Chain Services is located on the 1st floor near elevator B
- D. Homestead Hospital –Vendor Management kiosk, located in the main lobby, and in Supply Chain Services
 - a. Supply Chain Services is located on the 1st floor by the loading dock
- E. Mariners Hospital – Vendor Management kiosk, located in the Main lobby, 1st Floor
- F. West Kendall Baptist Hospital – Vendor Management sign-in station, located at the Concierge Desk in the Main Lobby, 1st Floor and in Supply Chain Services
 - a. Supply Chain Services is located on the 1st floor by the loading dock
- G. Baptist Hospital Medical Arts Surgery Center – Vendor Management kiosk, located in the Surgery Center lobby, 2nd Floor of the East Tower
- H. South Miami Medical Arts Surgery Center – Vendor Management kiosk, located in the Surgery Center lobby, 2nd Floor of Medical Arts Building
- I. All Baptist Health South Florida Outpatient Facilities – sign in with the office Manager at that site

2. Appointments must be made prior to visiting any departments or personnel.

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

Departments initiating appointments with sales representatives should schedule appointments during their hours via the vendor management system portal. Drop in appointments are not permitted. For visits that are required before or after hours, sales representatives must secure prior approval of the department being visited and must report to the vendor management kiosk to print their pass.

3. **Requirements:** Upon arrival at any Baptist Health South Florida location, supplier representatives must (1) Register/sign-in and print a vendor badge at the vendor management kiosk. This badge must be visibly worn at all times when on Baptist Health South Florida property. (2) We respectfully ask that all representatives conduct themselves in a professional and ethical manner, dress code is enforced at all times and no shorts, denim or t-shirts with offensive logos are permitted. (3) Supplier representatives should confine their activities to non-patient areas at all times with the exception of in-services or other educational activities that have been authorized and coordinated through Supply Chain Services and clinical staff. Physicians requiring vendor presence as a technical advisor during surgical cases or any invasive procedure may have such presence only after the supplier representatives attested to reading our the "Pledge to Protect Patient Confidentiality" or have signed it, and have met any other requirements of the department such as specialty credentials and competencies from their respective companies, including but not limited to, proof of negative PPD or CRX and completion of our safety/HIPAA/infection control paperwork. Supplier representatives may not participate as technical advisors during surgical cases or invasive procedures when the patient is a family member of that supplier representative. Failure to disclose the relationship prior to the case will be seen as a direct violation of Baptist Health South Florida policy, and disciplinary actions will be enforced. (4) Abide by instructions given to them by Baptist Health South Florida staff in case of an emergency, code or any type of disaster. (5) As requested by Supply Chain Services or departments being visited, present documentation of training records and or technical training certification specific to the supplier's products, equipment or devices presented. This documentation must be uploaded into the vendor management system prior to subsequent visits.

4. **Introducing products:** Suppliers wishing to introduce products or services who are not an established supplier currently doing business with Baptist Health South Florida need to complete the Baptist Health South Florida vendor registration forms available by calling (786)-596-6251 or visiting the Baptist Health website, under the suppliers link. Results of any such requests will be determined entirely on the needs and goals of Baptist Health South Florida. While on any of the Baptist Health South Florida campuses product samples are never to be left in departments unless approved through Supply Chain Services. All product trials are coordinated through Supply Chain Services and the various Baptist Health South Florida product review committees. No new products will be used without prior in-servicing and approval.

Baptist Health South Florida employees and their families will not give or receive gifts, other than of nominal value from any person doing business with, seeking to do business with, or competing to do business with Baptist Health South Florida. A non-cash gift, discount or entertainment of less than \$150.00 per occurrence, with annual total value not to exceed \$300.00 to or from the same source, will be considered nominal. No cash or cash equivalents (gift certificates, gift cheques) in any amount will be accepted by Baptist Health South Florida employees.

SUPPORTING/REFERENCE DOCUMENTATION:

N/A

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

BHSF Administrative Policy: 5075 Policy Prohibiting Harassment & Discrimination

BHSF Administrative Policy: 5100 Workplace Violence

BHSF Administrative Policy: 204.10 Entering into Agreements with Third Party Contractors

BHSF Administrative Policy: 204.30 Violations of Terms of a Business Associate Agreement by Third Party Contractors

BHSF Administrative Policy: 602.10 Training – Corporate Privacy Office

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

BHSF Administrative Policy: 250 Patient Safety

BHSF Administrative Policy: 820 Appropriate Discipline for Compliance Program Violations

BHM Administrative Policy: 581.00 Infection Prevention/Control Practices

Pledge to Protect Patient Confidentiality

Conflict of Interest

Supplier Registration Form

Supplier Business References

Guide for Sales Representatives

Vendor Credentialing Program

ENFORCEMENT & SANCTIONS:

All management and supervisory staff in Supply Chain Services will enforce the supplier guidelines. If a Baptist Health South Florida staff member does not insist that a supplier follow this policy, it may be reported to the individuals Manager, Vice President or to the Corporate Compliance office.