Form Approved
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PHYSICIAN INFORMATION FORM: CMS-10328

For each physician included in the disclosure, you must submit a **separate** Physician Information Form providing details of the noncompliant financial relationship(s) between the physician and the disclosing party, unless the disclosure qualifies for the special rule for physicians who stand in the shoes of their physician organization or the special rule for the failure to satisfy the disclosure requirement for certain imaging services at § 411.355(b)(7), as noted in Section IV.A.2.c.i and IV.A.c.ii of the CMS Voluntary Self-Referral Disclosure Protocol.

As a reminder, the Physician Information Form(s) should not be used to report noncompliance arising from the failure of a practice to qualify as a group practice under § 411.352. To report noncompliance arising from the failure of a practice to qualify as a group practice under § 411.352, use the Group Practice Information Form.

I. PHYSICIAN INFORMATION

1. Physician Name

2. Physician NPI

3. Physician Organization, if applicable

Physician Organization TIN	Physician Organization NPI

4. Noncompliant **compensation** arrangement(s) with the physician (See § 411.357)

◯ Yes ◯ No

4a. Total number of noncompliant compensation arrangements with the physician during the lookback period: _____

4b. Are any of the disclosed noncompliant compensation arrangements deemed to be arrangements with the physician because the physician stands in the shoes of a physician organization under § 411.354(c)(1) or § 411.354(c)(2)?

◯ Yes ◯ No

5. Noncompliant **ownership or investment** interest of the physician (See § 411.356)

◯ Yes ◯ No

5a. Direct or indirect ownership or investment

◯ Direct ◯ Indirect

6. Noncompliant designated health **services** provided pursuant to referrals made by the physician (See § 411.355)

◯ Yes ◯ No

II. NONCOMPLIANT COMPENSATION ARRANGEMENT (§ 411.357), NONCOMPLIANT OWNERSHIP OR INVESTMENT INTEREST (§ 411.356), NONCOMPLIANT DESIGNATED HEALTH SERVICES PROVIDED PURSUANT TO REFERRALS MADE BY THE PHYSICIAN (§ 411.355)

Provide the details required below regarding the noncompliant ownership or investment interest, the noncompliant compensation arrangement, or the prohibited designated health services referred by the physician.

Special instructions for disclosures of multiple noncompliant financial relationships with a single physician: In certain circumstances, there may be more than one reason why the designated health services referred by a physician violated section 1877 of the Act. For example, the disclosing party may have had a noncompliant equipment lease arrangement with a physician and a noncompliant call coverage arrangement with the same physician during the lookback period. If there are multiple reasons why the designated health services referred by the physician violated section 1877 of the Act, complete a duplicate of this section for each reason by clicking the box labeled **"Click here to add another reason for noncompliance involving the same physician" at the end of this form**.

A. Narrative Explanation

1. Nature of the compensation arrangement, ownership or investment interest, or noncompliance resulting from the provision of prohibited services

- **For compensation arrangements:**
  - Describe the items, space, equipment, and/or services provided under the arrangement. For example, for a medical directorship arrangement, describe the typical duties and responsibilities of the director and the number of hours per week, month, or year that the physician performed such services.
  - Describe the rate of compensation or the amount of remuneration provided under the arrangement (for example, the monthly rental charge for a lease of office space, the rate of payment for call coverage, or the cash value of nonmonetary compensation). If the rate of compensation changed at some point during the disclosed period of noncompliance, explain when it changed, the amount it was changed to, and why it was changed.
  - Provide any additional information that the disclosing party believes is relevant and/or necessary to understanding the nature of the arrangement.
- **For ownership or investment interests:**
  - Describe the physician's ownership interest in the entity making the disclosure. For disclosures involving physician ownership of hospitals, state whether the physician's ownership interest is in the entire hospital, as opposed to a distinct part or department of the hospital. See 42 CFR § 356(c)(3)(iii).
  - Provide any additional information that the disclosing party believes is relevant and/or necessary to understanding the nature of the ownership interest.
- **For noncompliance with an applicable services exception:**
  - Describe the circumstances surrounding the provision of the prohibited services. For example, if you are disclosing a failure to satisfy the requirements of the in-office ancillary services exception at § 411.355(b), explain who furnished and supervised (if applicable) the designated health services, where the services were furnished, how the services were billed, and the type of services furnished.
  - Provide any additional information that the disclosing party believes is relevant.

Nature of noncompliant compensation arrangement, noncompliant ownership or investment interest, or noncompliant designated health services furnished pursuant to referrals made by the physician.

Attach additional pages if necessary.

2. Nature of noncompliance: Explain the nature of the noncompliance.

- **Explanation of the noncompliance:**
  - If you are disclosing the failure to comply with an applicable exception at § 411.356 (exceptions for ownership or investment interests) or § 411.357 (exceptions for compensation arrangements), explain why the financial relationship failed to comply with the physician self-referral law. For example, if a lease arrangement was not signed by a physician lessee but otherwise complied with an applicable exception, the disclosing party could state that "the lease arrangement was not signed by the physician lessee."
  - If you are disclosing the failure to comply with an applicable exception at § 411.355 (excepted services), explain why the designated health services provided did not satisfy the requirements of the applicable exception.
  - Describe any potential causes of the incident or practice.
  - Provide any additional information that the disclosing party believes is relevant and/or necessary to understanding the nature of the noncompliance.

NOTE: The disclosing entity must either: (a) certify that the financial relationship was noncompliant (or that the services failed to satisfy an applicable exception at § 411.355), or (b) state that, because it cannot confirm that the financial relationship complied with the physician self-referral law, it is certifying noncompliance with the law.

Nature of noncompliance narrative

Attach additional pages if necessary.

3. Method of cure or termination: Describe how the financial relationship was brought back into compliance or otherwise terminated.

- If the financial relationship was ongoing at the time the disclosing party discovered the noncompliance, explain the steps that the disclosing entity took to either bring the financial relationship back into compliance or terminate the financial relationship. For example, if a personal service arrangement was out of compliance because it was not set out in writing, state whether the parties cured the noncompliance by executing a writing or terminating the arrangement. **NOTE: If the parties brought the arrangement into compliance by executing a signed writing covering the arrangement, CMS may request copies of the signed writing and other additional information regarding the arrangement.**
- If the arrangement was terminated prior to the discovery of the noncompliance, state when the arrangement was terminated and the circumstances under which it was terminated. For example, a lease arrangement may have terminated prior to the discovery of the noncompliance because the physician lessee vacated the property.

Method of cure or termination:

Attach additional pages if necessary.

B. Relevant Dates

1. **Period(s) of noncompliance:** Provide the date range(s) of the noncompliance.
NOTE: The party must provide a date range for the **entire period of noncompliance**, even if the noncompliance began prior to the 6-year lookback period. For noncompliance that began prior to the 6-year lookback period, the party may provide an estimate of the first date of noncompliance.

C. Compensation Arrangements Only

For compensation arrangements only, complete lines 1 through 6 below. Do not complete lines 1 through 6 for noncompliant ownership or investment interests or failure to satisfy the requirements of a service exception. The entries for lines 1 through 6 are based on certain common requirements of a number of exceptions for compensation arrangements. To complete the entries, determine which exception applies to the disclosed compensation arrangement. For example, for a lease of office space, the exception at § 411.357(a) would be applicable; for a call coverage arrangement, the exceptions at § 411.357(d) and § 411.357(l) are potentially applicable. After determining the applicable exception, state whether the requirements in lines 1 through 6 are either satisfied or not satisfied; if the applicable exception does not require this element, enter N/A. For example, the exception for the rental of office space imposes the requirements in lines 1 through 5 below, but not the requirement in line 6; thus, a party disclosing a noncompliant arrangement for the rental of office space must answer "yes" or "no" to lines 1 through 5 and "N/A" to line 6."

1. Satisfies the requirement that compensation is **set in advance**: State whether the amount of compensation was **set in advance**, if required by an applicable exception. (See, e.g., § 411.357(a)(4)).

◯ Yes ◯ No ◯ N/A

2. Satisfies the **volume or value of referrals or other business generated** requirement: State whether the compensation arrangement satisfied the volume or value of referrals or other business generated requirement, if applicable. (See, e.g., § 411.357(a)(5)(i)).

◯ Yes ◯ No ◯ N/A

3. Satisfies the **fair market value** requirement: State whether the compensation arrangement satisfied the relevant fair market value requirement, if applicable. (See, e.g., § 411.357(a)(4)).

◯ Yes ◯ No ◯ N/A

4. Satisfies the **commercial reasonableness** requirement: State whether the compensation arrangement satisfied the commercial reasonableness requirement, if applicable. (See, e.g., § 411.357(a)(6)).

◯ Yes ◯ No ◯ N/A

5. Satisfies the **reasonable and necessary** requirement: State whether the compensation arrangement satisfied the reasonable and necessary requirement, if applicable. (See, e.g., § 411.357(a)(3)).

◯ Yes ◯ No ◯ N/A

6. Satisfies the **Federal and State law** requirement(s): State whether, to the best of the disclosing party's knowledge, the compensation arrangement satisfied the **compliance with Federal and State law** requirements, if applicable. (See, e.g., § 411.357(d)(1)(vi)).

◯ Yes ◯ No ◯ N/A

Click here to add another reason for noncompliance involving the same physician.