

EXCLUSION SCREENING



UK King's Daughters requires all organizations with which it does business to be screened for exclusion from participation in Medicare/Medicaid programs before any business is conducted. The screening must be performed on all trade/business names associated with your organization. To assist us in completing this screening in a timely manner, please complete this form and return it to us immediately.

COMPANY NAME: _____

Is this company physician-owned? **YES** **NO** If **YES**, list the name(s) of physician owner(s):

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Does this organization do business under any other trade names? **YES** **NO**

If **NO**, please sign the form below and return it to us for processing.

If **YES**, use the space below to list all names under which your organization does business, sign the form, and return it.

ADDITIONAL TRADE NAMES USED:

SIGNATURE

TITLE

PRINTED NAME

DATE