HEALTHCARE
CORPORATE CLIENT INTAKE QUESTIONNAIRE:

DO NOT INCLUDE PROTECTED HEALTH INFORMATION ON THIS FORM. Patient identifiers, records, and claims data should be shared only through a secure channel after a business associate agreement is in place. Identified overpayments generally must be reported and refunded within 60 days, breach notification and audit responses run on fixed deadlines, and licensing board matters move quickly.

CONFIDENTIAL. This questionnaire covers corporate legal work and capital markets advisory for healthcare businesses — hospitals, clinics and medical offices, surgery centers, imaging, dialysis, behavioral health and addiction treatment, hospice, nursing homes, urgent care, telehealth, and management companies. Complete the sections that apply. If a question does not apply, write "N/A."

NAME OF THE CLIENT:

[__] Legal Entity Name: _____

DBA / facility or brand names: _____ Year founded: _____

Entity type:

- [__] Professional corporation
- [__] Corporation
- [__] LLC
- [__] Partnership
- [__] Nonprofit
- [__] Management services organization
- [__] Public company
- [__] Subsidiary of a parent

State of formation: _____ EIN (last 4): _____

States of operation: _____ Syndicate Plan Member ID: _____

Contact person & title: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Annual revenue: $ _____ Employees & providers: _____

PART 1 — YOUR BUSINESS

1.1 Type of business:

- [__] Hospital
- [__] Clinic or medical office
- [__] Ambulatory surgical center
- [__] Urgent care
- [__] Imaging & radiology
- [__] Dialysis center
- [__] Birth center
- [__] Blood bank
- [__] Diabetes education center
- [__] Hospice
- [__] Nursing home / skilled nursing
- [__] Orthopedic & rehabilitation
- [__] Mental health & addiction treatment
- [__] Telehealth
- [__] Medical or wellness spa
- [__] Laboratory
- [__] Home health
- [__] Management services organization

1.2 Describe your services, providers, and patient population: _____

_____

_____

1.3 Facility locations: _____

PART 2 — SERVICES NEEDED

Entity, Governance & Structure:

[__] Formation or incorporation
[__] Management services organization structure
[__] Corporate resolutions & governance
[__] Foreign qualification
[__] Professional entity & ownership structure
[__] Operating agreement / bylaws
[__] Annual reports & business filings
[__] Change of ownership approvals

Licensing, Enrollment & Accreditation:

[__] Facility licensing applications & renewals
[__] Accreditation matters
[__] Professional licensing board matters
[__] Scope of practice & supervision requirements
[__] Provider enrollment & revalidation
[__] Controlled substance registration
[__] Telehealth licensure & prescribing rules
[__] Certificate of need or approval filings

Compliance & Fraud and Abuse:

[__] Compliance program development
[__] Fee splitting & corporate practice review
[__] Billing & coding compliance
[__] Privacy & security program (HIPAA)
[__] Substance use disorder record rules
[__] Anti-kickback & self-referral analysis
[__] Marketing, referral & patient incentive review
[__] Overpayment identification & refunds
[__] Breach response & notification
[__] Internal investigations

Contracts & Provider Relations:

[__] Provider employment & contractor agreements
[__] Payor & managed care contracts
[__] Peer review hearings & appeals
[__] Space & equipment leases
[__] Medical director agreements
[__] Provider contract termination & appeals
[__] Vendor & equipment agreements
[__] Management & administrative services agreements
[__] Joint ventures & affiliations
[__] Non-disclosure agreements

Audits, Investigations & Patient Matters:

[__] Government payor audits & appeals
[__] Overpayment disputes
[__] Controlled substance audits
[__] Surprise billing & consumer protection rules
[__] Commercial payor audits & recoupment
[__] Regulatory defense & administrative actions
[__] Patient billing & collection practices
[__] Adverse event reporting obligations

Capital Markets & Finance:

[__] Capital markets consultation

[__] Practice or facility acquisitions & sales

[__] Real estate & facility finance

[__] Private placement (Reg D / Reg A)

[__] Secured lending & equipment finance

[__] Exchange listing (OTC, Nasdaq, NYSE, international)

[__] Securities & blue sky compliance

[__] Investor agreements & cap table

[__] Restructuring or bankruptcy

2.1 Describe your most urgent matter and objective: _____

_____

_____

2.2 Deadline (audit response, hearing, filing, closing): _____

PART 3 — LICENSES, ENROLLMENT & OWNERSHIP

License / Certification	Issuing Authority	Number	Facility / Provider	Expires

3.1 Are facility licenses, provider enrollments, and revalidations current? [__] Yes [__] No

3.2 Are any owners or investors non-licensed individuals or entities? [__] Yes [__] No

Many states restrict ownership of medical practices by non-licensed persons and prohibit fee splitting. Management services structures must be documented carefully.

3.3 Is a change of ownership, new location, or service line expansion planned? [__] Yes [__] No

3.4 Do you participate in government healthcare programs? [__] Yes [__] No

3.5 Has any provider or entity been excluded or sanctioned? [__] Yes [__] No

3.6 Do you screen employees, contractors, and vendors against exclusion lists? [__] Yes [__] No

Syndicate Subscription Legal Plans

PART 4 — COMPLIANCE PROGRAM

Program Area	In Place	Needs Update	Missing
Written compliance program & compliance officer	[__]	[__]	[__]
Anti-kickback & referral arrangement review	[__]	[__]	[__]
Financial relationships with referral sources	[__]	[__]	[__]
Billing, coding & documentation audits	[__]	[__]	[__]
Overpayment identification & refund process	[__]	[__]	[__]
HIPAA privacy policies & notice	[__]	[__]	[__]
Security risk analysis & safeguards	[__]	[__]	[__]
Business associate agreements	[__]	[__]	[__]
Breach response plan	[__]	[__]	[__]
Employee training & sanctions	[__]	[__]	[__]
Hotline & non-retaliation policy	[__]	[__]	[__]

4.1 Compliance officer: _____ Date of last risk analysis or audit: _____

4.2 Do you pay for referrals, marketing, or patient acquisition? [__] Yes [__] No

Payments tied to referrals or volume raise anti-kickback and self-referral issues, and marketing arrangements for laboratory or treatment services face additional restrictions.

4.3 Have you had a privacy or security incident in the last three years? [__] Yes [__] No

4.4 Do you handle substance use disorder or behavioral health records? [__] Yes [__] No

PART 5 — AUDITS, INVESTIGATIONS & BOARD MATTERS

5.1 Current matters:

[__] Government payor audit or records request [__] Commercial payor audit or recoupment

[__] Overpayment demand [__] Civil investigative demand or subpoena

[__] Licensing board investigation or accusation [__] Controlled substance audit

[__] Accreditation or survey deficiency [__] Whistleblower or internal report

[__] None

5.2 Agency, payor or board & matter reference: _____ Response due: _____

5.3 Summary of the issues (facts only, no patient identifiers): _____

_____

_____

5.4 Has a repayment, corrective action plan, or settlement been proposed? [__] Yes [__] No

5.5 Has a litigation hold or preservation notice been issued? [__] Yes [__] No

Syndicate provides advisory and compliance support; representation in hearings, appeals, and litigation is handled by counsel of record.

PART 6 — PROVIDERS, STAFF & PEER REVIEW

6.1 Physicians & licensed providers: _____ Employees: _____

6.2 Provider arrangements:

[__] Employed providers [__] Independent contractors

[__] Locum tenens [__] Staffing agency

[__] Medical directors

6.3 Is provider compensation set in advance at fair market value? [__] Yes [__] No

6.4 Is a peer review, medical staff, or credentialing matter pending? [__] Yes [__] No

6.5 Has a provider contract been terminated or a privilege action taken? [__] Yes [__] No

Adverse peer review and privilege actions can trigger reporting obligations and hearing rights with strict deadlines.

6.6 Do provider agreements include non-competes, and are they enforceable in your state? [__] Yes [__] No

PART 7 — PATIENTS, BILLING & TELEHEALTH

7.1 Payor mix:

[__] Government payors [__] Commercial insurance

[__] Managed care [__] Self-pay & cash-pay

[__] Membership or subscription care [__] Workers' compensation

[__] Out-of-network billing

7.2 Do you balance bill, or do good faith estimate rules apply? [__] Yes [__] No

7.3 Do you use outside billing companies or collection agencies? [__] Yes [__] No

7.4 Do you provide telehealth across state lines, and are providers licensed in each state? [__] Yes [__] No

7.5 Do you prescribe controlled substances via telehealth? [__] Yes [__] No

7.6 Are patient consents, financial policies, and notices current? [__] Yes [__] No

PART 8 — FINANCE, DISPUTES, DOCUMENTS & CERTIFICATION

Existing Debt / Investment	Lender or Investor	Amount $	Terms	Secured By

8.1 Capital sought: $ _____ Purpose: _____

8.2 Capital strategy:

[__] Practice or facility acquisition [__] Equipment & technology

[__] Facility build-out or real estate [__] Working capital

[__] Growth equity or private investment [__] Public offering or listing

[__] Sale of the practice or business [__] Not sure — need advice

8.3 Current disputes:

[__] Payor dispute [__] Provider or partner dispute

[__] Employment claim
[__] Regulatory or board action
[__] Collections
[__] Vendor dispute
[__] Patient billing dispute
[__] None

8.4 Is a business associate or non-disclosure agreement needed first? [__] Yes [__] No

Please provide the following, if applicable. Check each item available. Redact all patient identifiers.

[__] Formation & governance documents
[__] Financial statements & projections
[__] Compliance program & policies
[__] Payor contracts & fee schedules
[__] Insurance policies
[__] Ownership / cap table
[__] Licenses, enrollments & accreditations
[__] Provider & management agreements
[__] Audit or investigation correspondence
[__] Loan & investor documents

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge, that I am authorized to provide it on behalf of the business named above, and that it does not include protected health information. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating and scoping this engagement.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Title: _____

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Your information will be reviewed within one hour.