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Ochsner
 Health System
VENDOR DATA SHEET

OCHSNER ASSIGNED VENDOR # _____

Legal Name: CHARLES DAMMON

Business Name: DAMMON ENGINEERING

Federal Tax ID# or Social Security # (W-9 Must be attached): 72-1075648

Remit Address: 554 OLD SPANISH TRAIL

City: SLIDELL State: LA Zip Code: 70458 Country: USA

A/R Contact Name: CHUCK DAMMON

Main Phone #: 985-649-5832 Main Fax #: _____

Physical Address (if different from remit): _____

City: _____ State: _____ Zip Code: _____


Order Placement Phone #: 985-649-5832 Order Placement Fax #: _____

Email: CHUCK.DAMMON@CHUCK@DAMMONENGINEERING.COM

Website (URL): _____

Business Status:	
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other
Type of Product/Service Do You Provide? <u>DESIGN</u>	If Aviation, Is This a Charter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Terms: <u>CHECK</u>	Do you accept credit card as payment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Certified Diversity Status (check appropriate box - provide certificate & profile sheet):	
<input type="checkbox"/> N/A <input type="checkbox"/> Minority Owned <input type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Veteran Owned <input checked="" type="checkbox"/> Small Business (less than 300 employees) <input type="checkbox"/> Other	
Can you send invoices electronically? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you work with GHX? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vendor Compliance Survey completed and attached? <input checked="" type="checkbox"/> Yes	

Completed By: CHUCK DAMMON Title: VIP

Signature:  Date: 5-31-22

Ochsner Employee Requester: _____

FOR USE BY PURCHASING MANAGEMENT	
Purchasing Authorization: _____	Date: _____

FOR USE BY ACCOUNTS PAYABLE	
Is vendor listed on the OIG/SAM websites exclusion database? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vendor set up by: _____	Vendor audited by: _____

Stark & Anti-Kickback Survey

ACTION REQUIRED

Vendor Name DAMMON ENGINEERING

Vendor Number _____

Dear Vendor:

In order to assist Ochsner Health and its Affiliates ("Ochsner") in complying with federal law concerning financial arrangements between physicians and entities that provide certain healthcare services, Ochsner requires that new vendors provide Ochsner with the following information:

For purposes of this Survey, the following definitions apply:

"Affiliate" means any entity directly or indirectly owned or controlled by, owning or controlling, or under common control with Ochsner Clinic Foundation.

"Immediate Family Member" means any of the following individuals: husband or wife, birth or adoptive parent, child, or sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, grandparent or grandchild, or spouse of a grandparent or grandchild.

"Ochsner Facility" means any facility or portion thereof owned or controlled by Ochsner.

"Physician" means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor.

1. Is your company owned, in whole or part, directly or indirectly, by a Physician who refers patients to or treats patients at any Ochsner Facility or an Immediate Family Member of a Physician who refers patients to or treats patients at any Ochsner Facility? Yes No
2. Is your company owned, in whole or part, directly or indirectly, by an Ochsner employed individual or by an Immediate Family Member of a Ochsner employed individual? Yes No
3. Is your company, or any entity directly or indirectly owned or controlled by, owning or controlling, or under common control with your company, an entity that provides healthcare services? Yes No
4. Does your company employ or contract with a Physician who refers patients to or treats patients at any Ochsner Facility or an Immediate Family Member of a Physician who refers patients to or treats patients at any Ochsner Facility?
If the answer to the Question 3 is Yes, then
 - (i) Does the employed or contracted Physician, or Immediate Family Member of the Physician, receive compensation from your company that is based on the volume/value of referrals to any Ochsner Facility? Yes No
5. If you are entering into an arrangement as a vendor with Ochsner as an individual, are you a Physician who refers patients to or treats patients at any Ochsner Facility or an Immediate Family Member of a Physician who refers patients to or treats patients at any Ochsner Facility? Yes No
6. If you answered "Yes" to any of the questions above, please answer the following:
 - (i) Does Vendor have a written, signed contract with Ochsner?
 Yes (if "Yes", please attach a copy to this certificate) No Contract Pending
 - (ii) Name each Physician, Immediate Family Member, and/or employee who has ownership in Vendor N/A
 - (iii) List each Ochsner Facility to which the Physician refers N/A
 - (iv) If applicable, name each Physician's Immediate Family Member(s) who have an ownership in Vendor N/A

Thank you for your anticipated cooperation in providing this information.

I represent that the answers provided herein are truthful and accurate as of the date of my signature below. I agree to immediately notify Ochsner of any changes in the above information.

Chuck Dammon
VENDOR Officer Signature
CHUCK DAMMON
Print Name

5-31-22
Date
VIP
Title

For In-Office Use Only: Is contract current? Yes <input type="checkbox"/> No <input type="checkbox"/> Medidata # _____ P.O. # _____	Is contract signed by both parties Yes <input type="checkbox"/> No <input type="checkbox"/> Has the contract been approved by Legal: Yes <input type="checkbox"/> No <input type="checkbox"/>	
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