

Physician Payment Form

Vendor/Supplier/Physician Name: _____	Total Amount: _____
Contract/Agreement #: <u>Utah Pediatric Trauma Network Conference</u>	Date: <u>11/01/2019</u>

Information should correspond with the related contract and check requisition (except for business courtesies or non-monetary tokens of appreciation).

Any **Remuneration to a Physician, physician group or family member of a physician** requires careful documentation according to the circumstance.

Remuneration is giving anything of value (e.g. cash, cash equivalent, items, services, marketing, and use of space).

Physician refers to MDs, DOs, dentists, podiatrists, optometrists, chiropractors; Physician's family member or business.

This form is required if a payment will be paid directly to a Physician or will be paid to someone else as reimbursement for the purchase of items, services, or anything of value provided to an affiliated or employed Physician. Compensation paid directly to an employed Physician should be done through the payroll system.

Stark law and Anti-Kickback Statutes will allow remuneration from Intermountain to a Physician only if the payment is allowed under these laws and Intermountain policy.

Select one of the following types of payment exceptions below. See detailed instructions [HERE](#) for additional information if needed.

Payment to an Affiliated Physician for Administrative and Clinical Services Provided by the Physician
Compensation paid directly to an employed Physician should be done through the payroll system.

Payment for Travel or Mileage
Affiliated Physicians coordinate with Travel Services on any travel. Payments/expense settlement amounts for travel, including mileage reimbursements, are in accordance with an existing contract.

Reimbursement to an Affiliated Physician according to the Recruiting Agreement
Contact Physician Contracting Services to confirm the payment is in accordance with an existing agreement.

Risk Management Payment
For example, when Risk Management has agreed to become a third-party payer for a patient.

Payment Associated with IT Services of Electronic Health Records
This includes installation or customization of computer resources to allow affiliated physicians to access Intermountain's electronic medical records.

Business Courtesy or Nonmonetary Token of Appreciation
Payments should never be made directly to a physician for business courtesies or nonmonetary tokens of appreciation. These payments/expense settlement amounts are recorded and tracked by each facility. Please report according to your facility's process. Include names below or attach a listing if more space is needed.
Name of physician(s): _____

Payment Pursuant to an Equipment or Space Lease, or to a Physician Purchase Agreement

All Other Payments Benefiting a Physician
This includes remuneration not covered above such as marketing expenses, honoraria, etc.
Description of benefit: _____
Name of physician(s): _____

Invention income sharing pursuant to a contract under Intermountain Invention Income Sharing Policy

All payments to physicians, physician groups and family members of physicians must comply with Intermountain policies. By selecting the box above and signing this form, I certify, to the best of my knowledge, this request complies with applicable Intermountain policy, including having a signed, written agreement when required. I understand if I have any questions as to whether a request is in compliance, I should contact my Compliance Administrator before signing this request.

Certified By: _____ Date: _____
Printed Name

Signature _____ This must be signed by an operations or administrative officer