

[Date]

[Name of Compliance Officer/Legal Counsel]

[Healthcare Organization Name]

[Address]

[City, State, Zip Code]

Re: Physician Compensation Arrangement Representation Letter

Dear [Name],

In connection with the proposed compensation arrangement between [Physician Name/Group Name] ("Physician") and [Healthcare Organization Name] ("Organization"), I hereby represent and certify the following to the best of my knowledge:

1. Fair Market Value: The compensation provided under this agreement has been determined through arms-length negotiations and represents the Fair Market Value for the specific services to be rendered.
2. Commercial Reasonableness: The arrangement is commercially reasonable even if no referrals were made between the Physician and the Organization.
3. Volume or Value of Referrals: The compensation is fixed in advance and does not take into account, directly or indirectly, the volume or value of any referrals or other business generated between the parties.
4. Services Provided: The services described in the agreement are necessary for the legitimate business purposes of the Organization and do not duplicate services already being provided by other sources.
5. Compliance with Laws: To my knowledge, this arrangement is intended to comply with all applicable federal and state laws, including the Stark Law, the Anti-Kickback Statute, and the Civil Monetary Penalties Law.
6. Exclusion Status: I certify that I am not currently excluded, debarred, or otherwise ineligible to participate in Federal Healthcare Programs (e.g., Medicare or Medicaid).
7. Outside Activities: I have disclosed all existing financial relationships and outside business interests that may present a potential conflict of interest with this arrangement.

I acknowledge that the Organization is relying on these representations to ensure regulatory compliance.

Sincerely,

[Signature of Physician]

[Printed Name of Physician]
[Tax ID / NPI Number]