



# Banner Health

## Vendor Acknowledgement Card

---

Vendor: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

BH File No.: \_\_\_\_\_

On behalf of the person, company, or other entity named above (“Vendor”), I have received, read, understand, and agree that Vendor will abide by all provisions of Banner Health’s Code of Conduct, Compliance Handbook, and Compliance Policies as well as Banner Health’s Code of Conduct training (collectively, the “Compliance Program”) during the entire term of Vendor’s contract or engagement with Banner Health. I understand that Vendor’s failure to comply with the Compliance Program may result in suspension or termination of the privilege to conduct business at or with Banner Health.

I further understand that Vendor has a duty to report any suspected or actual violations of the Compliance Program and/or any applicable laws and regulations and that Vendor should raise any compliance issues or concerns with a Facility Compliance Officer, the Banner Ethics & Compliance Department, or the ComplyLine.

I am not aware of any employees or agents of Vendor who are currently, nor am I aware of any reason that any employees or agents of Vendor would be, excluded, debarred, suspended, sanctioned, or otherwise ineligible to participate in any federal, state, or local healthcare program.

I acknowledge that Banner Health’s Compliance Program does not in any way constitute or create an express or implied contract with Vendor or an assurance of a continued relationship between Vendor and Banner Health.

By signing below, I certify that I have the authority to sign on behalf of Vendor and that the statements made in this document are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_