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|  | POLICY: Hospital Referral Incentive Policy |
| ORIGINATION DATE: 8/2/2017 | EFFECTIVE DATE: August 21, 2017. |
| REVIEW / REVISION DATE(S): | AUTHOR: M. Patel |

PURPOSE: In order to increase awareness of potential opportunities at hospitals to provide professional services, we are creating an incentive program for VEP staff and providers. The selection of medical groups by hospital administrations to participate in a RFP process is usually by reputation and word of mouth. This can be executed using the following procedure.

PROCEDURE: When a provider is aware of a possible RFP or consideration of changes at a hospital, please complete the attached form and email it to RFPReferrals@VEPhealthcare.com or fill it out online at <https://vephealthcare.com/hospital-referral-form/>. Your submission will remain confidential. We will not share names of individuals submitting referrals.

When the form is submitted, the referrer will be logged as the originator of the referral. The referrer may be asked to provide some introduction to the hospital’s leadership. If multiple individuals submit a referral form, the email time stamp will be used to determine who the first to send it to VEP was. We commit to following up with the individual submitting a referral within three business days from receipt of submission.

All providers including Medical Directors and Assistant Medical Directors are eligible. The referral must be for a different facility (i.e. a non VEP site).

VEP corporate leaders and regional medical directors are excluded.

VEP reserves the right to not pursue a referral.

Bonuses will be paid as follows:

- Referral and support results in submitting a proposal \$3,000
- VEP is awarded the contract \$15,000 additional
\$18,000 total bonus

ATTACHMENT(S):

- Hospital Referral Form

See the next page for list of questions to be answered.



Hospital Referral Form

Hospital Name: _____

Hospital Address: _____

Administration Leadership: _____

Name of CEO: _____

Name of Admin Leader over the RFP Process: _____

Service line(s) under consideration: _____

Are you able to introduce us: _____ Number of hospital beds: _____

Number of ED beds: _____ ED volume: _____

Number of ORs: _____ Number of ICU beds: _____

Who currently has the contract: _____

Why is there a change being considered: _____

When will the RFP be issued? _____