

**GastroIntestinal Specialists, A.M.C.
Shreveport Endoscopy Center, A.M.C.
Louisiana Research Center, L.L.C.**

**APPLICANT/EMPLOYEE QUESTIONNAIRE
FOR BILLING/OFFICE PERSONNEL**

NAME: _____

ADDRESS: _____

CONTACT NUMBER & EMAIL ADDRESS _____

1. Have you ever been convicted of, plead guilty, nolo contendere or no contest to a felony or misdemeanor other than a minor traffic offense (including a plea bargain or other arrangement with prosecuting authorities)? Yes ___ No___ If so, please explain.

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as the nature and gravity of the offense or conduct, the time that has passed since the conduct, offense and completion of sentence, and the nature of the job sought will be considered).

2. Have you ever been excluded, suspended, or debarred from the Medicare or Medicaid programs or any other federally-funded healthcare programs? Yes ___ No___ If so, please explain.

3. List any healthcare or related business in which you, or a member of your family or household, have a direct or indirect ownership or controlling interest of five percent (5%) or more. Include Medicare or Medicaid provider numbers for each.

4. Have any of the entities, which you listed in response to question # 3 above been excluded, suspended, or debarred from Medicare, Medicaid, or any other federally-funded healthcare programs? Yes ___ No___ If so, please explain.

APPLICANT SIGNATURE

DATE