



Honesty ♦ Integrity ♦ Dedication

TOMBALL REGIONAL MEDICAL CENTER Vendor Code of Conduct Attestation Form

As a “Covered Person”, I certify that I have received, read, understood and shall abide by Tomball’s Code of Conduct. My company shall comply with Tomball’s Compliance Program and Tomball’s policies and procedures related to the Anti-Kickback Statute and the Stark Law. I also certify that all employees and agents of our company have been checked against the OIG/GSA exclusion lists and currently none have been excluded, debarred, suspended, or is otherwise ineligible to participate in Federal healthcare programs.

Company: _____

Name (Please Print): _____

Signature: _____

Date: _____

Please return by mail or fax to:

**PreCheck, Inc.
1283 North Post Oak Road
Houston, TX 77055-7200**

Or

Fax: 281.966.1876