



## CONTRACT REQUEST

### Requesting Party

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

### Type of Contract (Put an X in all applicable Boxes)

New	Renewal	Modification
Professional Services Agreement	Affiliation Agreement	Program Letter of Agreement
Medical Director	Other Administrative Services	Lease
Facility Use Agreement	UCR is Purchasing Goods	UCR is Purchasing Services
Third Party Payor	Managed Care Agreement	Other (Please specify)
Other Party has Supplied Contract form (Be sure to attach)		

### Other Party/Parties to Contract

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

What type of entity is the other party?

	Corporation	State of Formation	Name and Title of Person Authorized to Sign Contracts
	Sole Proprietor	Name of Sole Proprietor and Address if Different	

	Partnership	General Or Limited	Names of All Partners	State of Formation	Name and Title of Person Authorized to Sign Contracts
	LLC	State of Formation	Name and Title of Person Authorized to Sign Contracts		

Is the other party doing business under a fictitious business name? \_\_\_\_\_

If so, please state each applicable fictitious business name: \_\_\_\_\_

What is the other party's EIN? \_\_\_\_\_ Please attach W-9.

**Stark Application** (Attach Completed Stark Checklist)

Is the contract subject to Stark? \_\_\_\_\_  
YES NO

Is there an applicable exception to stark? \_\_\_\_\_  
YES NO

**Contract Specifics**

Projected date for Contract to Commence: \_\_\_\_\_

Length of contract: \_\_\_\_\_

Detailed description of obligations of UCR

Detailed description of obligation of other party/parties