

How long has the contractor been providing these services to the hospital?

Has the contract been automatically renewed for a number of years?

How many years?

Do you anticipate contracting with this provider in the future?

What is this contractor's history of performance as reflected in prior monitoring reports?

List other contracts this provider has with your facility: (ATTACH A SEPARATE PAGE IF NEEDED)

CFMS # _____ HCSD # _____ AMOUNT \$ _____

SERVICE PROVIDED _____

CFMS # _____ HCSD # _____ AMOUNT _____

SERVICE PROVIDED _____

CFMS # _____ HCSD # _____ AMOUNT _____

SERVICE PROVIDED _____

LSU-HCSD CONTRACT COORDINATOR COMMENTS:

LSU-HCSD HOSPITAL ADMINISTRATOR/COO COMMENTS:

LSU-HCSD CONTRACT ADMINISTRATOR COMMENTS: