



Application for For-Profit Healthcare Provider Participant Status and Endorsement of Group Purchasing with HPS

Please provide the following information

Organization Name: Best Care Senior Living at Punta Gorda LLC		Membership Start Date: 2015	
Address: 2295 Shreve Street			
City: Punta Gorda	State: FL	Zip: 33950	County: Charlotte
Main Facility Phone #: 941-575-9390		Fax #:	Website: www.bestcareseniorliving.com
State/County Sales Tax: FL			
Type of Organization: Senior Living			

AGREEMENT

We have signed this application to indicate our support of group purchasing. We agree with HPS MI, Inc ("HPS") that, upon HPS approval, we will participate in HPS's group purchasing program subject to the following terms:

1. The initial term of this Agreement is one year, to be renewed automatically for successive one year terms unless either party gives the other written notice of non-renewal at least 30 days before the end of the then-current term. HPS may also terminate this Agreement and our membership in HPS (a) immediately by written notice to us if we fail to pay HPS dues (if applicable) on time, or (b) upon 30 days' written notice to us if we breach any other provision of this Agreement or our agreement with any of HPS's vendors.
2. We agree to pay HPS dues, net 30 days, in accordance with the HPS dues structure as it may be modified from time to time. We also agree to comply with all other HPS policies and procedures that apply to us, as they may be modified from time to time.
3. We represent that the information we have furnished HPS in connection with this application is accurate and complete in all material respects.

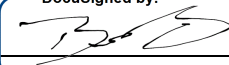
HPS makes the following statements to its members and participants in compliance with 42 USCA1320a-7b(b)(3)(A) and (C) and 42 CFR 1001.952(h) and (j):

- Some purchases of goods and services under the HPS group purchasing program are eligible for discounts or rebates from the vendor. If you receive such a discount or rebate and you are an entity (a) that reports its costs on a cost report required by the U.S. Department of Health and Human Services (HHS) or a state agency, or (b) on whose behalf a request for payment is otherwise submitted for the discounted item or service and payment may be made, in whole or in part, under Medicare, Medicaid or other Federal health care programs, then you must comply with the requirements of 42 CFR 1001.952(h)(1) and (h)(2). This includes fully and accurately reporting the discount or rebate in the applicable cost report or as otherwise appropriate and providing certain information to HHS and any applicable state agency when they request it.
- Certain participating vendors from which you purchase goods or services under HPS's group purchasing program will pay HPS a fee fixed at 3% or less of the total purchase price of the goods or services provided by that vendor.

Authorized person completing form

Name: BASIM SAED

Title: CFO

Signature: 
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Date: 6/27/2021

Revised 4/2020 TL


Contact Persons - Please list all individuals within your company that you wish to receive HPS information

Name: Basim Saed		Title: Financial Officer	
Address; 10730 N 56th St., Suite 209			
City: Temple Terrace	State: FL	Zip: 33617	County: Hillsborough
Phone: 813-842-2579	Fax:	Email: bsaed@bestcareseniorliving.com	
Does contact work with another HPS member? <input type="checkbox"/> NO <input type="checkbox"/> Yes, member name:			
Category: <input type="checkbox"/> Admin Fee Recipient <input type="checkbox"/> Administration <input type="checkbox"/> Clinical <input type="checkbox"/> Food Service <input type="checkbox"/> Laboratory <input type="checkbox"/> Main Contact <input type="checkbox"/> Plant Operations <input type="checkbox"/> Purchasing Marketing: <input type="checkbox"/> eBottom Line <input type="checkbox"/> eFinish Line <input type="checkbox"/> eMonthly Report <input type="checkbox"/> Diet Catalog <input type="checkbox"/> Bottom Line <input type="checkbox"/> Finish Line <input type="checkbox"/> <input type="checkbox"/> Furniture Catalog <input type="checkbox"/> Use Contact's Address <input type="checkbox"/> Exclude from Marketing <input type="checkbox"/> Exclude from Vendor List			

Name:		Title:	
Address;			
City:	State:	Zip:	County:
Phone:	Fax:	Email:	
Does contact work with another HPS member? <input type="checkbox"/> NO <input type="checkbox"/> Yes, member name:			
Category: <input type="checkbox"/> Admin Fee Recipient <input type="checkbox"/> Administration <input type="checkbox"/> Clinical <input type="checkbox"/> Food Service <input type="checkbox"/> Laboratory <input type="checkbox"/> Main Contact <input type="checkbox"/> Plant Operations <input type="checkbox"/> Purchasing Marketing: <input type="checkbox"/> eBottom Line <input type="checkbox"/> eFinish Line <input type="checkbox"/> eMonthly Report <input type="checkbox"/> Diet Catalog <input type="checkbox"/> Bottom Line <input type="checkbox"/> Finish Line <input type="checkbox"/> <input type="checkbox"/> Furniture Catalog <input type="checkbox"/> Use Contact's Address <input type="checkbox"/> Exclude from Marketing <input type="checkbox"/> Exclude from Vendor List			

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HPS

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