CHARITABLE CONTRIBUTION POLICY
ETHICS & COMPLIANCE DEPARTMENT

SCOPE:

Applies to all Envision Healthcare colleagues. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

Envision Healthcare has adopted this Charitable Contribution Policy in order to set forth the process to be followed by Envision Healthcare, its subsidiaries and all affiliated companies in providing charitable contributions to clients, affiliates, or suppliers of Envision Healthcare.

POLICY:

All employees of Envision Healthcare (“Company”) or any of its affiliated or managed companies (collectively, the “Company”) shall comply with the following guidelines when providing charitable contributions:

- Charitable contributions are only provided to the eligible organizations defined in this Policy.
- Recipients of these charitable contributions may use such funds only in accordance with the Company’s charitable intent.
- Company colleagues must follow this policy when responding to organizations seeking charitable contributions pursuant to this Policy.
- No charitable contributions are made to any organization if the Company becomes aware of any facts or circumstances suggesting that the contribution is compensation or remuneration for referring or recommending potential or existing patients to any Envision Healthcare owned or operated companies or affiliates.

NO FUNDS SHOULD BE EXPENDED BY THE COMPANY AS CHARITABLE CONTRIBUTIONS OUTSIDE THE CONTEXT OF THIS POLICY UNLESS SPECIFICALLY APPROVED BY THE CHIEF COMPLIANCE OFFICER (“CCO”) AND THE DESIGNATED EXECUTIVE AS IDENTIFIED BY THE CEO.
PROCEDURE:

The following procedures should be followed for charitable contributions:

- The Company shall establish a charitable contribution fund within its annual budget for providing charitable contributions as set forth in this Policy.
- The CEO of the Company will approve the total amount of funds to be allocated to the charitable contribution fund in advance of each budgeted year. The budgeted amount may vary from year to year.
- This charitable contribution fund shall be the sole source of funds for any charitable contributions provided by the Company pursuant to this Policy.
- Once the budgeted amount for the charitable contribution fund is approved by the CEO, the Chief Financial Officer (“CFO”) shall be responsible for overseeing the administration of the charitable contribution fund on behalf of the Company.

All questions regarding this Policy shall be directed to the Ethics & Compliance Department.

Eligible Organizations

The Company has established the following basic eligibility criteria (the “Basic Criteria”) that all organizations must meet in order to be eligible for any charitable contributions pursuant to this Policy:

- The organization must have, as part of the organization’s purpose, a commitment to improving the lives of the types of patients served by the Company, (without regard to whether such individuals are existing or potential patients of the Company), whether through educational programs for providers or individuals, financial assistance programs or other efforts that are intended directly to benefit these types of patients.

- The organization must be the type of organization for which its donors are entitled to receive a charitable contribution deduction as provided in Section 170 of the Internal Revenue Code of 1986, as amended.

- The Company may make charitable contributions to certain non-tax-exempt organizations. In addition to meeting all requirements outlined in this policy, non-tax-exempt donations have different accounting requirements of the Company. Therefore, the requestor must acknowledge the tax status of the organization requesting the contribution.
• The Company may make charitable contributions of property such as vehicles, furniture or office equipment donations to certain eligible organizations. In addition to meeting all requirements outlined in this policy, property donations must also meet certain accounting requirements of the Company including the completion of an Asset Status Form.

• The Company may make charitable contributions of services such as blood pressure checks or donating services for events to certain eligible organizations. Charitable services provided to organizations that are not considered current or potential referral sources may be exempt from this policy. Charitable services provided to potential or current referral sources must meet all requirements outlined this policy.

The Company has established two categories of organizations that may qualify to receive a charitable contribution under this Policy and additional corresponding eligibility criteria.

**Type A Organization** is an organization that meets the Basic Criteria and the following additional criteria:

- The organization is not licensed as a healthcare provider.
- The organization (including its subsidiary or parent organizations) does not directly bill any federal healthcare program, including, but not limited to, the Medicare, Medicaid and CHAMPUS Programs.

Examples of eligible **Type A Organizations** under this Policy include, but are not limited to, the following: National Charitable Disease Organization; American Red Cross Association.

**Type B Organization** is an organization that meets the Basic Criteria and the following additional criteria:

- The organization is licensed as a healthcare provider.
- The organization (or its subsidiary or parent organizations) directly bills federal healthcare programs, including, but not limited to, the Medicare, Medicaid and CHAMPUS Programs.
- The organization has an effective patient choice of provider/supplier policy in effect.

Examples of eligible **Type B Organizations** under this Policy may include, but are not limited to, the following:

- Non-Profit Physician Organizations.
Annual charitable contributions to eligible **Type B Organizations** can only be made in connection with the following types of general community-based fund-raising activities of the eligible **Type B Organization**:

- Capital campaigns
- Golf tournament fundraisers
- Other fundraisers
- Silent auctions

**Charitable Contribution Request and Acknowledgement Form**

Each organization requesting a charitable contribution from the Company (the “**Applicant**”) must complete a Charitable Contribution Request and Acknowledgement Form (the “**Request Form**”), attached to this Policy as **Attachment A**.

**Under no circumstances shall Company employees complete a Request Form on behalf of the Applicant or direct a healthcare provider to complete a Request Form on behalf of the Applicant.**

In addition to requesting general information about the Applicant, the Request Form requires each Applicant to state affirmatively whether the Applicant:

- Previously submitted a Request Form to EVHC (including any charitable contribution that may have been made to the Applicant by any division or affiliate of EVHC).
- Is licensed as a healthcare provider.
- Participates directly (or through a subsidiary or parent organization) in any federal healthcare program, including, but not limited to, the Medicare and Medicaid Programs.
- Has received charitable contributions or other similar donations or funding from any other supplier/provider in the last twelve (12) months.

The Request Form provides an overview of the Basic Criteria as well as the additional eligibility criteria required for **Type A Organizations** and the **Type B Organizations** and requires the Applicant to determine which category of organization (if any) applies to the Applicant.

The Request Form requires that each Applicant provide:

- A detailed description of the Applicant and its charitable purposes.
• A detailed description of how a charitable contribution from the Company will be utilized by the Applicant and how such use corresponds with the Company’s charitable purposes and the Company’s charitable objectives.

Finally, the Request Form requires the Applicant to certify that the Applicant has read and understood the Request Form and that the Applicant promises to fulfill its obligations as an Applicant.

**Charitable Contribution Request Review Procedure**

If making a contribution to a pre-approved vendor listed on the attached Exhibit A, upon receipt of the completed and executed Request Form, the contribution may be submitted, along with a completed check request with all required signatures and correct accounting codes, via the Charitable Contribution Database which may be accessed through OKTA (Contact the Ethics & Compliance Department for assistance in using this database). The Ethics & Compliance Department will then submit the contribution directly to AP for processing.

Additional organizations may be added to and/or removed from the above-listed pre-approved vendors at the sole discretion of the Executive Compliance Committee.

If making a contribution to an organization not listed on the attached Exhibit A, upon receipt of a completed Request Form, the Company employee will submit the Request Form along with the following required documentation via the Charitable Contribution Database which may be accessed through OKTA (Contact the Ethics & Compliance Department for assistance in using this database):

• The completed Request Form signed by the Requestor;
• A cover memo from a member of senior management addressing the following items:
  1) If the requesting entity has a business relationship with the Company;
     a) Are the requesting entity and the Company presently engaged in contract negotiations regarding future business (i.e., new contract negotiations, contract renewal negotiations), or are such negotiations anticipated in the near future; and
     b) Has the requested contribution been the subject of any promises or representations during past or future contract negotiations; and
  2) Does a member of senior management recommend the distribution of funds?
• A completed check request with all required signatures and correct accounting codes;
• Documentation related to the requesting entity (i.e. mission statement);
• Documentation related to the event or charity that will be receiving the contribution; and
• A determination letter of tax-exempt status from the IRS related to the requesting entity.
• The Asset Status Form for donations of equipment or other property.
Any request submitted without all of the above information will not be processed until all required documentation is submitted into the Charitable Contribution Database and reviewed by the Ethics & Compliance Department.

Any request submitted after the event has taken place may not be approved for processing. Therefore, under no circumstances should promises of contributions be made directly or indirectly until the review has been completed and the request has been approved by the Designated Executive.

Upon review of the required documentation, the Ethics & Compliance Department shall verify whether the Applicant qualifies as a **Type A Organization** or **Type B Organization** and verify that the Applicant has not exceeded the annual charitable contribution limit from EVHC.

If the Ethics & Compliance and Legal Departments determine the Applicant is an Eligible Organization, the CCO or designee will approve the request and forward it to the Designated Executive for approval. Upon review, the Designated Executive will determine whether the applicant should or should not receive the requested amount.

Approval or denial of the charitable request shall be based solely upon the information supplied by the Applicant in the Request Form. Each Applicant competes individually for the funds in the charitable contribution fund.

Charitable contributions shall be disbursed on a yearly and first-come, first-served basis. Any recipient of a charitable contribution from the Company that would like additional charitable contributions in the future must submit a new Request Form to the Company for each request.

**Obligations of Company Personnel**

Company employees shall not:

- Provide a Request Form unless asked.
- Make any representations as to whether the Request Form will be approved.
- Make any connection whatsoever between the Request Form and the possibility that the potential recipient may promote the use of Company subsidiaries.
- Direct the Applicant to use charitable funds for specific individuals. (If the Applicant attempts to make such a connection, a member of senior management shall advise the potential recipient that such activities will jeopardize the Company’s ability to approve a Request Form).
• Advertise to the public as to the availability of the charitable contribution fund established under this policy, for example, in any publication generally available to the public, on television or radio.
• Use the Company’s charitable giving as a marketing device.
• Advertise to the public as to the availability of any other charitable contribution fund that may benefit existing or prospective customers, whether or not the Company has provided such fund with a charitable contribution pursuant to this Policy, for example, in any publication generally available to the public, on television or radio.
• Represent that charitable contributions provided through this Policy are designated for particular individuals (regardless of whether they are patients of Company subsidiaries) or otherwise take credit for any charitable contribution made to a particular organization.

In the event an employee is a volunteer for a charitable organization, such employee shall not claim that personal volunteer efforts are made by the employee on behalf of the Company unless the personal volunteer efforts are part of the employee’s usual and customary job responsibilities as approved by the employee’s supervisor. (While Company employees are encouraged to donate their personal time to patient support organizations, e.g., volunteer at a summer camp or similar activity, the employee is deemed to represent the Company and the provisions of this Policy are to be followed even while engaging in such volunteer activities. If a Company employee is not sure whether certain personal volunteer efforts are part of the employee’s job responsibilities, the employee should first consult with his or her supervisor.)

Policy Exceptions

Policy Exception- Employee Charitable Donations through the Envision Healthcare Charitable Foundation National Employee Relief Fund

The Company may provide a charitable donation to a Company employee or their family through the Envision Healthcare Charitable Foundation National Relief Fund without following the process outlined in this policy. These donations will be provided based upon review by Human Resources and the Charitable Foundation Committee in accordance with the established policies and procedures.

Employee charitable donations may be made for the following qualifying events:
• Death of employee or relative;
• Uncontrollable loss of income resulting in potential eviction or loss of residence/home;
• Non-insured emergency or traumatic medical expenses;
• Hospitalization or incapacitation of employee or relative, thus resulting in employee's inability to work for greater than seven-(7) consecutive days;
• Complete home loss due to fire or other natural cause; or
• Any combination of the above, not to exceed $10,000

POLICY REVIEW

The Ethics & Compliance Department will review and update this policy when necessary in the normal course of its review of the Company’s Ethics & Compliance Program.
ATTACHMENT A
CHARITABLE CONTRIBUTION REQUEST AND ACKNOWLEDGEMENT FORM

For purposes of this Request and Acknowledgement Form, all references to Envision Healthcare shall include Envision Healthcare, Envision Physician Services, AMSURG and Evolution Health.

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<tr>
<th>Part 1 – General Information</th>
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<td>Date:</td>
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<td>Name of Organization:</td>
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<td>Address:</td>
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<td>Individual to Contact:</td>
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<td>Phone Number:</td>
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<td>Fax Number:</td>
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<th>Part 2 – Questions</th>
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<tr>
<td>1. Has the Applicant previously submitted a charitable contribution Request and Acknowledgement Form to Envision Healthcare? (This includes any charitable contribution that may have been made to the Applicant by any division or affiliate of Envision Healthcare.) Yes 0 No 0 If so, when was the form previously submitted? ________________</td>
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<td>2. Is the Applicant licensed as a healthcare provider? Yes 0 No 0 If Yes, please explain:</td>
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<tr>
<td>3. Does the Applicant participate directly (or through a subsidiary or parent organization) in any federal healthcare program, including, but no limited to, the Medicare, Medicaid and CHAMPUS Program? Yes 0 No 0</td>
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3. (continued)

If Yes, please explain:

______________________________________________________________________________

4. Has the Applicant received charitable contributions or other similar donations or funding from any other supplier/provider in the last twelve (12) months?

Yes ☐
No ☐

5. Is the Applicant considered a tax-exempt organization by the Internal Revenue Service? If so, a copy of the determination letter from the Internal Revenue Service must be attached to this Request Form.

Yes ☐
No ☐

Part 3 – Eligibility Criteria (Select One)

**Type A Organization** is an organization that meets the Basic Criteria and the following additional criteria:

- The organization is not licensed as a healthcare provider; AND

- The organization (including its subsidiary or parent organizations) does not directly bill any federal healthcare program, including, but not limited to, the Medicare, Medicaid and CHAMPUS Programs.

Examples of eligible **Type A Organizations** under this Policy could include, but are not limited to, the following:

- National Charitable Disease Organization

**Type B Organization** is an organization that meets the Basic Criteria and the following additional criteria:

- The organization is licensed as a healthcare provider, or

- The organization (or its subsidiary or parent organizations) directly bills any federal healthcare program, including, but not limited to, the Medicare, Medicaid and CHAMPUS Programs; AND

- The organization has an effective patient choice of provider/supplier policy in effect.

Examples of eligible **Type B Organizations** under this Policy could include, but are not limited to, the following:
American Red Cross Association | Tax-exempt Hospitals, Foundations and Healthcare Systems (private and public) Non-Profit Physician Organizations

**Part 4 – Representations of Applicant**

The Applicant understands that Envision Healthcare will rely on the truthfulness and accuracy of the information provided by the Applicant in this Request Form when making a determination of the Applicant’s eligibility for a charitable contribution from Envision Healthcare. Accordingly, the Applicant represents that:

1. The Applicant will provide Envision Healthcare with immediate written notification of any changes to the information contained in this Request Form (e.g., if the Applicant’s tax-exempt status changes, if the Applicant becomes licensed as a healthcare provider or becomes an entity that directly bills any federal healthcare program or if the status of the Applicant’s ability to use grant money changes in any material respect, etc.)

2. The Applicant will provide Envision Healthcare with reasonable access to the Applicant’s books and records regarding the expenditure of any charitable contributions received from Envision Healthcare.

3. The Applicant will make its own good faith assessment as to which individuals may benefit from any charitable contributions made by Envision Healthcare and under what specific circumstances the Applicant will utilize such funds without any involvement or any representative of any provider/supplier.

4. The Applicant will not designate charitable contributions received from Envision Healthcare for existing or potential patients of EVHC or distribute funds in any way that would have the effect of favoring patients of subsidiaries of Envision Healthcare.

5. The Applicant will not disclose to any individual that benefits received by such individual were funded specifically by Envision Healthcare. Nevertheless, the Applicant may disclose that it is funded generally by various suppliers/providers but only if specific supplier/provider names are not identified.

6. Charitable contributions received from Envision Healthcare will be used only by the Applicant for the purposes set forth in this Request Form.

7. No Envision Healthcare employee is in a position to influence the Applicant’s use of any charitable contributions made by Envision Healthcare or the qualifications of individuals who may benefit from these charitable donations.
8. If contributions made to the Applicant will entitle donors to the charitable contribution deduction as provided in Section 170 of the Internal Revenue code of 1986, as amended, a copy of the determination letter of tax-exempt status from the Internal Revenue Service must be attached to this Request Form.

9. If the Applicant is a Type B Organization, the Applicant has an effective patient choice of provider/supplier policy in effect.

Part 5 – Additional Information

The following additional information must be provided with this Charitable Contribution Request and Acknowledgement Form. Each item must be completed and must be submitted along with the Charitable Contribution Request and Acknowledgement Form. Incomplete Charitable Contribution Request and Acknowledgement Forms will not be considered and will be returned to the Applicant.

1. A detailed description of the Applicant and its purposes; and
2. A detailed description of how a charitable contribution from Envision Healthcare will be utilized by the Applicant and how such use corresponds with Envision Healthcare’s charitable objectives.
3. Cover Memo from a member of senior management
Part 6 – Certification

By signing below, the Applicant certifies that the Applicant has read and understands the above provisions and promises to fulfill its obligations as the Applicant. The Applicant acknowledges that any charitable contribution awarded to it by Envision Healthcare is contingent upon the truthfulness of the above representations, and that if such representations are not fully truthful or if a material fact has been omitted, the Applicant shall immediately refund to Envision Healthcare, upon Envision Healthcare’s demand, all charitable contribution funds it has received from Envision Healthcare or used by the Applicant without meeting applicable requirements. The Applicant also understands that Envision Healthcare can change the pledged amount of any charitable contribution or discontinue the charitable contribution at any time.

Signature of the Applicant: __________________________________________
Name (Print): _____________________________________________________
Title: ___________________________________________________________
Date: ___________________________________________________________
EXHIBIT A
Pre-Approved Vendors

Important Note: Organizations included on the pre-approved list are required to be submitted through the charitable contributions database with all required documentation being uploaded at the time the request is submitted. However, contributions to these organizations will not require a compliance/legal review and will be submitted to AP after they have received finance and executive approval.

American Cancer Society
American Diabetes Association
American Heart Association
Belmont University
Crohn’s & Colitis Foundation
Frist Center for Visual Arts
Haiti Education Mission
JDRF
Kiawah Eye Sponsorship
Make-A-Wish Foundation
March of Dimes
Nashville Area Chamber of Commerce
Nashville Healthcare Council
Nashville Predators Foundation
Predators Foundation & Peter Foundation for Parkinson’s
Steve Cropper Classic (Gilda’s Club)
United Way