

# Customer Compliance Certification

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DERMALYNX DISTRIBUTION, LLC

This certification must be completed by all prospective customers prior to account activation. Dermalynx Distribution requires this certification as part of its compliance program and customer due diligence obligations under federal and state healthcare laws.

## Section A — Facility Information

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Facility Legal Name: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

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

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Primary Contact Email: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Tax ID (EIN): \_\_\_\_\_ NPI: \_\_\_\_\_

DEA Number (if applicable): \_\_\_\_\_

## Section B — Licensing & Accreditation

Please provide the following (copies must be attached):

- Current state medical/professional license number and expiration date
- Medicare/Medicaid provider number(s)
- State tissue bank license (if applicable to your state)
- Facility accreditation (Joint Commission, AAAHC, AAAASF, etc.)

State License #: \_\_\_\_\_ Exp: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Accreditation Body: \_\_\_\_\_ Exp: \_\_\_\_\_

## Section C — Compliance Certifications

By signing below, the authorized representative of the above-named facility certifies the following:

1. Neither the facility nor any of its owners, officers, directors, or employees have been excluded from participation in any federal or state healthcare program, including but not limited to Medicare and Medicaid.
2. Neither the facility nor any of its owners, officers, directors, or employees have been convicted of a criminal offense related to healthcare, or listed on the OIG List of Excluded Individuals/Entities (LEIE).
3. The facility maintains all required federal, state, and local licenses and permits for the receipt, storage, and use of human cellular and tissue-based products (HCT/Ps).
4. The facility has a compliance program that includes policies addressing the Anti-Kickback Statute, False Claims Act, and applicable state fraud and abuse laws.
5. The facility will use products purchased from Dermalynx Distribution only for legitimate medical purposes consistent with FDA-cleared indications and applicable standards of care.
6. The facility will maintain appropriate storage conditions for all products received and will not use products that have been improperly stored, are expired, or are subject to recall.
7. The facility will promptly report to Dermalynx Distribution any adverse events or product quality concerns related to products purchased from the Company.
8. The facility will notify Dermalynx Distribution within five (5) business days of any change in licensing status, accreditation, exclusion status, or ownership.
9. The facility understands that Dermalynx Distribution will conduct periodic re-verification of the above certifications and agrees to cooperate with such verification efforts.

**10.** The facility will accurately report all discounts, rebates, or price reductions received from Dermalynx Distribution on applicable cost reports submitted to federal healthcare programs.

## Section D — Anti-Kickback Acknowledgment

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The undersigned acknowledges that the decision to purchase products from Dermalynx Distribution is based solely on legitimate clinical and business considerations, including product quality, service, and price. The undersigned confirms that no Dermalynx representative has offered, provided, or promised any remuneration, gift, or benefit of any kind to induce the purchase of products.

## Section E — Authorization & Signature

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I certify that the information provided in this Certification is true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in account termination and referral to appropriate authorities. I am authorized to execute this Certification on behalf of the above-named facility.

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Authorized Representative Signature

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Printed Name and Title

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Date

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**Return completed certification to:** Dermalynx Distribution, LLC — [compliance@dermalynx.co](mailto:compliance@dermalynx.co)

Dermalynx Distribution reserves the right to verify all information provided and to deny or terminate account access based on the results of its due diligence process.