Community MENTAL HEALTH
CLINTON • EATON • INGHAM

Office of Inspector General's (OIG) Exclusions Search

Name of Organization:_____

Please list all employees indicate the date of last OIG exclusions database searches.
Attach additional sheets if necessary.

Full Name (Last, First, Middle)	Date of Last Exclusions Search	Exclusion Type/Date (If applicable)	Notes

PROVIDER must make a monthly search for all excluded parties using all lists (http://exclusions.oig.hhs.gov/; http://www.sam.gov; http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-16459--,00.html) in addition to any/all other state and federal lists that may become available.