

Addiction Treatment Certification Questionnaire

These are the questions that merchants are required to answer when applying for LegitScript Addiction Treatment Certification.

Websites

1. Please provide an exhaustive list of all domains owned and operated by your business and/or principals.

General Business Information

- 2. Is your business a recognized 501(c)(3) non-profit in the United States or a registered charity in Canada?
- 3. Are you a non-profit or registered charity with less than \$150,000 USD in net assets?

If Yes, Follow Up - Please complete and submit the hardship fee waiver. Please also attach your most recently filed tax documentation that reflects your organization's name and net assets. You may redact all other information as needed. In the United States, acceptable documentation would be IRS Forms 990, 990-N, 990-PF, or 990EZ. In Canada, these would be your Form T3010. When your application is screened, a Client Relations Specialist will reach out to confirm whether your business has been approved for a hardship fee waiver.

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4. Please provide a list of your owners, principals, officers, and directors along with their corresponding titles.

Property Documentation

- 5. Please attest that you have copies of any lease or property ownership documents for each drug or alcohol addiction treatment facility or location, including authorization or permission to provide addiction treatment services at that facility or location. Copies may be requested at LegitScript's discretion.
- 6. Please attest that you have proof of either commercial general liability insurance (CGL) or general liability insurance for your business. Copies may be requested at LegitScript's discretion.

Prior Discipline

- 7. Has your company or any other business under your current or former control been excluded from any government-funded health care programs within the last five years?
 - **If Yes, Follow Up** Please provide a summary below that describes the events related to the exclusion, and any corrective actions that have been put in place.
- 8. Has your company or any currently employed treatment provider(s) been the subject of, or a party to, any litigation commenced, resolved, or otherwise addressed relating to the provision of drug or alcohol addiction treatment services at any time in the last five years?
 - **If Yes, Follow Up** Please upload a summary or any relevant documents that describe the events related to the fine, penalty, judgment, or settlement, and any corrective actions that have been put in place.



Referrals & Financial Aid

9. Do you have any business affiliates that have shared ownership with your company, that your company owns, or otherwise have a formal or informal business relationship regarding the marketing or provision of addiction treatment services?

If Yes, Follow Up - Please provide a list of business affiliates.

10. Does your business offer any manner of financial assistance like scholarships, fee waivers, travel assistance, discounted rent, or any other forms of financial sponsorship, gifts, or incentives?

If Yes, Follow Up - Please describe.

Services & Licensure

- 11. Please list in detail the treatment or intervention services offered or recommended at facilities that are a part of your organization.
- 12. Please complete and submit this spreadsheet to provide us an overview of:
 - Business registration
 - Treatment facility information and licensing
 - Key treatment provider information and licensing
 - Comprehensive staff list
- 13. Does your company prescribe, administer, or dispense medications that are classified as controlled substances or drugs in your jurisdiction?

If Yes, Follow Up - Please upload copies of any additional certification or licensure that authorizes your business or practitioners to prescribe, administer, or dispense controlled substances/drugs. For US applicants, please provide copies of the DEA Certificates held by your prescribers. For Canada



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applicants, please provide copies of the relevant province-level registration, as applicable. If none is held, please upload a document that explains why your business is exempt from holding this licensure.

14. Does your business offer telehealth or telemedicine services?

If Yes, Follow Up - Please complete and submit the <u>compliance sheet</u> for telehealth/telemedicine services.

15. For telehealth or telemedicine providers only: Do you prescribe medications that are classified as a controlled substance/drug in your jurisdiction?

Tip - Please select "Not Applicable" if your business model does not apply.

16. For telehealth or telemedicine providers only: If controlled substances/drugs are prescribed, do you require an initial in-person appointment?

Tip - Please select "Not Applicable" if your business model does not apply.

17. For telehealth or telemedicine providers only: what technological medium is being used to conduct appointments? Examples might include, but are not limited to: phone, text, questionnaire, store and forward, synchronous audiovisual.

Tip - Please enter "Not Applicable" if your business model does not apply.

18. Do you provide medication-assisted treatment (as defined by the appropriate regulatory body for your jurisdiction) at your facility?

If Yes, Follow Up - Please describe what substances you provide as part of this treatment.

19. Do your company, its affiliates, or any of its principals or officers own or use a mobile application ("app") to connect with potential clients, patients, families, or other treatment organizations?

If Yes, Follow Up - Please state the name of the application.



Contact Us

1-877-534-4879

certification@legitscript.com

legitscript.com/contact

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