

Provider Ownership and Disclosure Form

Provider Name: _____

Provider Number: _____

For all questions, if the answer is a person's name, please list the full legal name (first, middle, last, Jr., Sr., etc.). If the answer is an entity name, please list the legal business name as reported to the Internal Revenue Service and the "Doing Business As" name, if applicable.

- A. Name any person or entity who has a direct or indirect ownership interest of 5% or more in the Provider. **Include direct or indirect ownership interests in intermediate entities.** Attach a chart showing the chain of ownership, if applicable. *[This information is likely already collected for CMS Form 855A.]*

- B. Name any person or entity who is an owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured, in whole or in part, by the Provider or any of its property or assets, if the interest equals 5% or more of the total property or assets of the Provider.

- C. For each member of the governing body of the Provider, please list the individual's name, title, and dates of service.

Name	Title	DOS

D. For each officer, director, member, partner, trustee, or managing employee of the Provider, please list the individual's name, title, and dates of service. *[Managing employees include general managers, business managers, administrators, and consultants.]*

Name	Title	DOS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Name each "additional disclosable party" of the Provider. *[“Additional disclosable parties” exercise operational, financial, or managerial control over the Provider; provide policies and procedures for any operations of the Provider; provide accounting, financial, or cash management services to the Provider; lease or sublease real property to the Provider; or provide management, administrative, or clinical consulting services.]*

- Does the Provider have a parent company that has not already been disclosed?
- Does the Provider use another party as a management company?
- Does another party create policies/procedures for any of the Provider's operations?
- Does another party provide financial, cash management, or accounting services to the Provider?
- Does the Provider lease its property from another party?
- Does another party own any part of the Provider's property?
- Does the Provider use another party for administrative services?
- Does the Provider use another party for clinical consulting services?

If you have checked any of the boxes above, please list the party names below:

_____	_____
_____	_____
_____	_____

- F. For each “additional disclosable party” listed above, please provide:
1. The Organizational Structure (see “Definitions”).
 2. A description of its relationship to the Provider.
 3. A description of the disclosable party’s relationship to every other additional disclosable party.

[Note: If the Provider already reports any of the above information to a federal agency, such as the IRS, SEC, or HHS, the Provider can substitute those forms in lieu of answering the applicable questions.]

Definitions

For purposes of this form, the terms “managing employee,” “additional disclosable party,” and “organizational structure” are defined as follows:

Managing employee means an individual (including a general manager, business manager, administrator, director, or consultant) who directly or indirectly manages, advises, or supervises any element of the practices, finances, or operations of the Provider.

Additional disclosable party means any person or entity who:

- Exercises operational, financial, or managerial control over the Provider or a part of the Provider, or provides policies or procedures for any of the operations of the Provider, or provides financial or cash management services to the Provider;
- Leases or subleases real property to the Provider, or owns a whole or part interest equal to or exceeding 5% of the total value of such real property; or
- Provides management or administrative services, management or clinical consulting services, or accounting or financial services to the Provider.

Organizational Structure means, in the case of:

- A corporation – the officers, directors, and shareholders who have an ownership interest in the corporation which is equal to or exceeds 5%;
- A limited liability company – the members and managers, including, as applicable, what percentage each has of the ownership interest in the limited liability company;
- A general partnership – the partners;
- A limited partnership – the general partners and any limited partners who have an ownership interest which is equal to or exceeds 10%;
- A trust – the trustees of the trust;
- An individual – the contact information for the individual; and
- Any other person or entity that the Secretary of the Department of Health and Human Services determines appropriate.