



DISCLOSURE OF OWNERSHIP/CONTROL AND CRIMINAL OFFENSES STATEMENTS

I. Provider Information *See Instructions*

- (a) Name of Individual, Facility or Organization: _____
- (b) Doing Business As (DBA) : _____
- (c) Federal Tax Identification Number (TIN) or Social Security Number (SSN): _____
- (d) National Provider Identifier # (NPI): _____
- (e) Check the entity type that best describes the structure of the enrolling provider entity. Check only one box.
 For-Profit Corporation Non-Profit Corporation Partnership Government Owned Sole Proprietorship
- (f) Is this entity chain affiliated? No Yes

As required by 42 CFR Part 455, Subpart B, which sets forth State Plan requirements regarding Full Disclosure of Ownership and Control and Related Party Transactions, the following information must be submitted to AHCCCS prior to registration and upon each renewal, revalidation, or within 35 days of any change in ownership of the entity. In order to participate as an AHCCCS provider, this form must be completed completely and accurately.

AHCCCS may refuse to enter into or renew an agreement with a provider if the provider fails to disclose ownership and control interest information, information related to business transactions and information on persons convicted of crimes, or if the provider did not fully and accurately make the disclosures as required. If you are a government entity you do not need to complete items II (a), (b) and (e); however, you must submit information for item II (c).

II. Ownership and Control Interest Information *(Reference - 42 CFR, Part 455, Subpart B and State Medicaid Director Letters 08-003 & 09-001)*

- (a) List the name, address, SSN and Date of Birth (DOB) for: 1) each officer and director (if incorporated); 2) each partner or member (if partnership or limited liability corporation); 3) each individual who has direct or indirect ownership interest, separately or in combination, amounting to an ownership interest of 5% or more of the enrolling provider; 4) each individual who has an ownership interest of 5% or more in any obligation secured by the enrolling provider if that interest equals at least 5% of the value of the property or assets of the enrolling provider; and 5) each individual who is an officer, director, partner or member, or who has a direct or indirect ownership interest, separately or in combination, amounting to an ownership interest of 5% or more of any subcontractor in which the enrolling provider has a 5% or more interest.

Name	Address	DOB	SSN	Percentage

- (b) List the name, address (including primary business address and all locations), and TIN of any organization, corporation, or other entity not disclosed in Item II.(a) having any direct or indirect ownership, separately or in combination, amounting to an ownership interest of 5% or more, or any controlling interest (e.g. officer, director, partner or member), in the enrolling provider or in any subcontractor in which the enrolling provider has a 5% or more interest. Use attachment A if additional space is needed.

Name	Address	DOB	TIN	Percentage

- (c) List below the name, address, date of birth, social security number and title of all agents and managing employees of the enrolling provider. Use attachment A if additional space is needed.

Name	Address	DOB	SSN	Title

