

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of Entity	D/B/A	CLIA No.	EIN	Telephone No and Fax No.
Street Address		City, County, State		Zip Code

II. Answer the following questions by checking "Yes" or "No". If any of the question answered are "Yes", list names and addresses of individuals or corporations under Remarks on page 2. Identify each item number to be continued.

FOR CLIA PURPOSES

A. Are there any individuals or organizations having a direct or indirect ownership or control interest in the reporting entity that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, of XX?

Yes No LB 2

B. Are there any directors, officers, agents, or managing employees of the reporting entity who have convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, XX?

Yes No LB 3

C. Are there any individuals currently employed by the reporting entity in a managerial, accounting, auditing, or similar capacity who were employed by the reporting entity's fiscal intermediary or carrier within the previous 12 months?
(Title XVIII providers only)

Yes No LB 4

III. (a) List names, addresses for individuals, or the EIM for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on Page 2. If more than one individual is reported and any of these persons are related to each other, they must be reported under Remarks.

Name	Address	EIN	LB 5

(b) Type of Entity: Sole Proprietorship Partnership Corporation LB 6
 Unincorporated Associations Other (Specify)

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under Remarks.

Check appropriate box for each of the following questions

(d) Are any owners of the disclosing entity also owners of other Medicare/Medicaid and/or CLIA facilities? (Example: sole proprietorship, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and provider numbers and/or CLIA numbers.

Yes No LB 7

Name	Address	Provider Number/CLIA Number

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IV. (a) Has there been a change in ownership or control within the last year? Yes No LB 8
 If yes, give date _____

(b) Do you anticipate any changes of ownership or control within the year? Yes No LB 9
 If yes, give date _____

(c) Do you anticipate filing for bankruptcy within the year? Yes No LB 10
 If yes, give date _____

V. Is this facility operated by a management company or leased in whole or part by another organization? LB 11
 If yes, give date _____ Yes No

VI. Has there been a change in Director within the last year? LB12
 If yes, give date _____ Yes No

VII. (a) Is this facility chain affiliated? (If yes, list name, address or Corporation and EIN) Yes No LB 13
 Name EIN#

Address LB 14

VII. (b) If the answer to Question VII. (a) is No, was the facility ever affiliated with a chain? Yes No LB 18
 Name EIN#

Address LB 19

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILINT TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF AN APPLICATION FOR A CLIA CERTIFICATE OR SUSPENSION AND/OR REVOCATION OF AN EXISTING CLIA CERTIFICATE, AS APPROPRIATE.

Name of Authorized Representative (Typed)	Title
Signature	Date

Remarks _____