

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

D/B/A Name		Legal/Business Name		
Street Address		City, State	Zip	County
Telephone No.	Fax No.	CLIA No.	EIN	

II. Answer the following questions by checking "Yes" or "No". If any of the questions answered are "Yes", list names and addresses of individuals or corporations under "Remarks"*.

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

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

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

III. Ownership Information

(a) The ownership information listed here should match the ownership information on the State Application.
List the names, addresses for individuals, or the EIM for organizations having direct or indirect ownership or a controlling interest in the entity. List any additional names and addresses under "Remarks"*. 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

(b) Type of Entity Sole Proprietorship Partnership Corporation **
 Unincorporated Associations Other (Specify)
*** If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under "Remarks"*.*

(c) 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

Name	Address	Provider #/CLIA #

***Remarks**

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IV. (a) Has there been a change in ownership or control within the last year?

If yes, give date _____ Yes No

(b) Do you anticipate any changes of ownership or control within the year?

If yes, give date _____ Yes No

(c) Do you anticipate filing for bankruptcy within the year?

If yes, give date _____ Yes No

V. Is this facility operated by a management company or leased in whole or part by another organization?

If yes, give date _____ Yes No

VI. Has there been a change in Director within the last year?

If yes, give date _____ Yes No

VII. (a) Is this facility chain affiliated? (If yes, list name, address or Corporation and EIN)

Name	EIN#	Yes	No
Address			

VII. (b) If the answer to question VII. (a) is No, was the facility ever affiliated with a chain?

Name	EIN#	Yes	No
Address			

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 FAILING 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 (Printed or Typed)	Title
Signature	Date