



Meridian Provider Disclosure of Ownership and Control Interest Form

The federal regulations set forth in 42 CFR 455.104-106 require all providers who are entering into or renewing a provider agreement (“Disclosing Entities”) to disclose to the U.S. Department of Health and Human Services, the State Medicaid Agency, and to managed care organizations that contract with the State Medicaid Agency: a) the identities of all owners with a control interest of 5% or greater, b) all agents or managing employees of the Disclosing Entity c) details of certain familial relationships between owners or owners of subcontractors owned by the Disclosing Entity, and d) the identities of any excluded individual or entity with an ownership or control interest in the Disclosing Entity. As used herein, a ‘person’ includes individuals and corporations or other business entities. **Please attach additional sheets as necessary.**

- Individuals listed in Sections 1-6 will be reviewed for inclusion on the Excluded Parties List System.
- Individuals listed in Section 7 will be reported to the HHS/Office of Inspector General (OIG) and to DHS.

DISCLOSING ENTITY			
Check one that mostly describes you: <input type="checkbox"/> Individual <input type="checkbox"/> Group Practice <input type="checkbox"/> Disclosing Entity			
Name of Disclosing Entity:			
DBA Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Tax ID Number (TIN):	NPI (Individual)	NPI (Organizational)	
SECTION 1 — Ownership and Control of Disclosing Entity			
List the name, address, date of birth (DOB) and Social Security Number (or TIN for corporations) for each person with an ownership or control interest of 5% or more in the Disclosing Entity (including corporate entities, officers, directors, or partners). (42 CFR 455.104)			
Name of Individual or Entity:	Date of Birth (for individual s)	Address(es) (for corporations, include primary business address, every business location, and P.O. Box address)	Social Security Number (or TIN for corporation)
SECTION 2 — Ownership and Control of Disclosing Entity by Relatives			
Are any of the individuals listed in Section 1 related to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, disclose each person listed in Section 1 who are related to another person with ownership or control interest in the Disclosing Entity as a spouse, parent, child, or sibling. (42 CFR 455.104)			
Name of Individual	Relationship		

Continued on next page.

SECTION 3 — Ownership and Control of Subcontractors

Are there any subcontractors that the **Disclosing Entity** has direct or indirect ownership of 5% or more? Yes No
 If yes, list the name and address of each person with an ownership or controlling interest in any subcontractor used in which the Disclosing Entity has direct or indirect ownership of 5% or more. (42 CFR 455.104)

Name of Individual or Entity with an Ownership Interest and Name of Subcontractor	Date of Birth (for individuals)	Address(es) (for corporations, include primary business address, every business location, and P.O. Box address)	Social Security Number (or TIN for corporation) of owner and SSN or TIN for subcontractor

SECTION 4 — Ownership and Control of Disclosing Entity by Relatives of Subcontractors

Are any of the individuals or entities listed in Section 3 related to another person with an ownership or control interest in the Disclosing Entity as a spouse, parent, child, or sibling? Yes No
 If yes, disclose each person listed in Section 3 who is related to another person with an ownership or control interest in the Disclosing Entity as a spouse, parent, child, or sibling. (42 CFR 455.104)

Name of Individual from Section 3	Relationship

SECTION 5 — Ownership and Control of any Other Disclosing Entity

Is there any Other Disclosing Entity (such as a provider, fiscal agent, or managed care entity) in which a person listed in Section 1 has an ownership or control interest? Yes No
 If yes, list each Other Disclosing Entity (such as a provider, fiscal agent, or managed care entity) in which the person listed in Section 1 has an ownership or control interest.

An "Other Disclosing Entity" is usually an entity that either participates in Medicaid or is required to disclose certain ownership and control information because of participation in any of the programs established under Title V (Maternal and Child Health Services Block Grant), XVII (Grants for Planning Comprehensive Action to Combat Mental Retardation), or XX (Block Grants to States for Social Services) of the Social Security Act. (42 CFR 455.104)

Name of Individual or Entity from Section 1	Name of the other Disclosing Entity	% Interest

SECTION 6 — Managing Employees

List all managing employees of the Disclosing Entity along with the additional information indicated below. *A managing employee is a "general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization, or agency. (42 CFR 455.104)*

Name of Individual or Entity:	Date of Birth (for individuals)	Address(es) (for corporations, include primary business address, every business location, and P.O. Box address)	Social Security Number (or TIN for corporation)

SECTION 7 — Criminal Offenses

Has any person with an ownership or control interest in the Disclosing Entity, or any agent or managing employee of the Disclosing Entity ever been convicted of a crime related to that individual or entity's involvement in any program under Medicaid, Medicare, or Title XX program since the inception of those programs? Yes No (verify through HHS-OIG Website)
 If yes, please list those individuals below. (42 CFR 455.106)

Name if Individual or Entity:	Date of Birth (for individuals)	Description of Offense(s)	Social Security Number (or TIN for corporation)

I certify that the information provided herein, is true and accurate. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of participation.

Signature

Title

Printed Name

Date