

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) :	Doing Business As (DBA):						
(c) Federal Tax Identification Num	(c) Federal Tax Identification Number (TIN) or Social Security Number (SSN):						
(d) National Provider Identifier #	(NPI):						
	describes the structure of the enrolling pr n-Profit Corporation Partnership	· <u> </u>	only one box.	Sole Proprietorship			
(f) Is this entity chain affiliated?	No Yes						
As required by 42 CFR Part 455, Subpart Transactions, the following information mechange in ownership of the entity. In order AHCCCS may refuse to enter into or rene information related to business transaction as required. If you are a government entity	nust be submitted to AHCCCS prior to reger to participate as an AHCCCS provider, we an agreement with a provider if the proper and information on persons convicted on the state of the provider in the provid	gistration and upon each this form must be considered fails to disclose of crimes, or if the provider fails to disclose.	th renewal, revalidation, or valeted completely and accurate ownership and control intervider did not fully and accurate file.	within 35 days of any rately. est information, ately make the disclosures			
II. Ownership and Control Interest Info							
interest of 5% or more of the enrolling enrolling provider if that interest equa director, partner or member, or who h	of Birth (DOB) for: 1) each officer and dindividual who has direct or indirect own g provider; 4) each individual who has ar als at least 5% of the value of the property as a direct or indirect ownership interest, he enrolling provider has a 5% or more into	ership interest, separated ownership interest of or assets of the enroll separately or in combinate of the c	ely or in combination, amou 5% or more in any obligation ing provider; and 5) each inc	anting to an ownership on secured by the dividual who is an officer,			
Name	Address	DOB	SSN	Percentage			
	ownership, separately or in combination, r member), in the enrolling provider or in	, amounting to an own	ership interest of 5% or mor	e, or any controlling			
Name	Address	DOB	TIN	Percentage			
(c) List below the name, address, date of attachment A if additional space is ne		all agents and managin	g employees of the enrolling	g provider. Use			
Name	Address	DOB	SSN	Title			

(d) List those persons named in Item II	(a) and (b) who	are related to each other as	s spouse, parent, c	child, or sibling.			
Name		Address	DOB	SS	SN	Relationship	
(e) List the name, address and TIN of a	ny other disclosi	ng entity in which a person	n with an ownersh	nip or control interes	t in the en	rolling provider also has an	
ownership or control interest of 5%	or more in any o	other disclosing entity. For	r the purposes of	this specific disclosu	ire, "other	disclosing entity" means any	
entity required to make ownership a	_	closures pursuant to Titles			ocial Secu		
Name	Address		DOB	SSN		Relationship	
III. Criminal Offenses (Reference - 42	2 CFR, Part 455,	Subparts B and E, and SM	1LD 08-003 &09-	-001)			
(a) List the name, SSN and DOB of each							
entity's involvement in any program	under Medicare.	Medicaid or the Title XX	services progran	1	of those p	orograms.	
Name	Address			SSN		DOB	
(b) List the name, title, SSN and DOB				led or debarred from	participat	tion in any Medicare,	
Medicaid or Title XX program at an		1 1 0			,		
Name	Address	5	SSN		DOB		
I affirm under penalty of law that the in			true, accurate and	complete to the best	t of my kr	nowledge. If the provider is	
using an Authorized Representative, the	e SSN and DOB	are mandatory fields.					
Print Name of Disclosing Entity (Pr	rovider) or Author	orized Depresentative		SSN	_	DOB	
Tillit Name of Disclosing Entity (Ti	iovider) of Addic	mized Representative		3311		БОБ	
							
Signature of Disclosing Entity (Pro-	vider) or Authori	zed Representative		Da	te		

Last Updated 01/2015



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ATTACHMENT A

Use the additional space provided below for Item II (a). Ownership and Control Interest Information							
Name	Title	Address	SSN/TIN	Date of Birth	Percentage		
Use the additional space pro	ovided below for Item 1	I (b). Ownership and Cont	trol Interest Informa	ation			
Name		Address		TIN	Percentage		