

**B. Change of Ownership Information (CHOW Only)**

This section is to be completed with information that identifies the name and Medicare identification number of the currently enrolled provider (Transferor) prior to the change of ownership. This section must be completed by **both** the current owner(s) (to protect them from any future liabilities) and the new owner (to establish payment under its tax identification number) on separate CMS 855A applications. Two copies of the sales or other asset transfer agreement, in its current form, must be submitted with this application, and a copy of the final agreement must be submitted by the new owner once the sale is executed.

**NOTE:** If you are an individual currently enrolled as a provider and you undergo a change of ownership as a result of your incorporation, you must submit two copies of your “articles of incorporation” in lieu of a “Sales Agreement.”

- The “**current**” owner (Transferor) is defined as the “old” or “selling” owner.
- The “**new**” owner is defined as the “purchasing” owner.

Any provider undergoing a “Change of Ownership” (CHOW) in accordance with the principles discussed in 42 CFR 489.18 must check the “Change of Ownership (CHOW)” box in Section 1A1. For all other ownership changes check the “Change of Information” box in Section 1A. To determine if a CHOW applies to this provider, review the principles in 42 CFR 489.18 for guidance. If further assistance is needed, contact the fiscal intermediary.

**For current/selling owner(s)**

A currently enrolled provider that will transfer its ownership interest to new owners in accordance with the principles discussed in 42 CFR § 489.18 should complete this section. This current owner only needs to complete the following sections of this application when reporting a CHOW: Check the Change of Ownership (CHOW) box in Section 1A1, then complete Section 1A2, 1A3, 1B, 2, 13, and sign and date the Certification Statement in Section 15.

1. Furnish the legal business name used by the current owner.
2. Furnish the “doing business as” name used by the current owner.
3. Furnish the Medicare identification number, the projected date that the current owner will no longer have ownership, and the name of the current owner’s fiscal intermediary.
4. Indicate if the new owner will be accepting assignment of the current “Provider Agreement.” This question does not apply to ESRD clinics.

**For new/purchasing owner(s)**

A prospective new owner who is participating in a Change of Ownership (CHOW) in accordance with the principles discussed in 42 CFR § 489.18 must complete this entire application. The prospective new owner should check the Change of Ownership (CHOW) box in Section 1A1. If the prospective new owner will not accept assignment of all terms and conditions of the “Provider Agreement” (including the provision concerning the responsibility for Medicare liabilities of the current owner), then the prospective new owner cannot have the current “Provider Agreement” transferred to them. The organization will then be considered a new provider to the Medicare program and must obtain approval through the normal enrollment process by submitting a CMS 855A (Initial Enrollment) prior to obtaining the right to bill Medicare.

1. Furnish the legal business name used by the current owner.
2. Furnish the “doing business as” name used by the current owner.
3. Furnish the Medicare identification number, the projected date that the current owner will no longer have ownership, and the name of the current owner’s fiscal intermediary.
4. Indicate if the new owner will be accepting assignment of the current “Provider Agreement.” This question does not apply to ESRD clinics.