

OMB Approval No. 0938-0685

1. General Application Information (Continued)**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). **Submit two copies of the sales or other asset transfer agreement with this application.**

1. Legal Business Name of Transferor as Reported to the IRS

2. "Doing Business As" Name of Transferor (if applicable)

3. Medicare Identification Number of Transferor	Projected Effective Date of Transfer (MM/DD/YYYY)	Name of Fiscal Intermediary of Transferor
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4. Will the new owner be accepting assignment of the current "Provider Agreement?" ☐ YES ☐ NO

C. Acquisitions/Merger (including the CHOW)

Effective Date of Acquisition: _____

This section is to be completed when:

- 1) A currently enrolled provider is acquiring another currently enrolled provider(s), or
- 2) A currently enrolled provider is being acquired by another currently enrolled provider.

All providers involved in the acquisition must complete this section. For each provider, furnish the following information: legal business name, tax identification number, current fiscal intermediary, and Medicare identification number. For the provider being acquired, furnish the name of the sub-units of that provider and provide each sub-unit's Medicare identification number. Also indicate whether that sub-unit will remain active. If more than one provider is being acquired, copy and complete this section as needed.

NOTE: Submit two copies of the sales or other asset transfer agreement(s) with this application.

1. Provider Being Acquired

This section is to be completed with information about the currently enrolled provider that is being acquired and will no longer retain its current Medicare provider number as a result of this acquisition.

a) Legal Business Name of the "Provider Being Acquired" as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number

c) Furnish the name and Medicare identification number of all sub-units of the above provider that have separate Medicare identification numbers but have not entered into separate provider agreements, such as PPS excluded swing bed units of a hospital.

Name/Department:

Medicare Identification Number:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Acquiring Provider

This section is to be completed with information about the organization acquiring the provider identified in Section 1C1.

a) Legal Business Name of the "Acquiring Provider" as Reported to the IRS	Tax Identification Number
b) Current Fiscal Intermediary	Medicare Identification Number