

OMB Approval No. 0938-0685

**SECTION 5: OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION
(ORGANIZATIONS)**

This section is to be completed with information about any organization that has 5% or more (direct or indirect) ownership of, any partnership interest in, and/or managing control of the provider identified in Section 2B. See examples below of organizations that should be reported in this section. If individuals, and not organizations, own or manage the provider, do not complete this section. These individuals must be reported in Section 6. If there is more than one organization, copy and complete this section for each.

A. Check Box - Check the box if there are no organizations to be reported in this section. If this box is checked, proceed to Section 6.

B. Organization with Ownership Interest and/or Managing Control - Identification Information - If adding, deleting, or changing information on an existing owner, partner, or managing organization, check the appropriate box, indicate the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. If not reporting a change, complete this section for the following:

All organizations that have any of the following must be reported in Section 5B:

- 5% or more ownership of the provider,
- Managing control of the provider, or
- A partnership interest in the provider, regardless of the percentage of ownership the partner has.

Owning/Managing organizations are generally one of the following types:

- Corporations (including non-profit corporations)
- Partnerships and Limited Partnerships (as indicated above)
- Charitable and/or Religious organizations
- Governmental and/or Tribal organizations

NOTE: All partners within a partnership must be reported in Section 6 of this application. This applies to both “General” and “Limited” partnerships. For instance, if a limited partnership has several limited partners and each of them only has a 1% interest in the provider, each limited partner must be reported in this application, even though each owns less than 5%. The 5% threshold primarily applies to corporations and other organizations that are not partnerships. The 5% threshold primarily applies to corporations or other organizations that are not partnerships.

IMPORTANT – Only report organizations in this section. Individuals must be reported in Section 6.

1. Check all boxes that apply to indicate the relationship between the provider and the owning or managing organization.
2. Provide the legal business name of the owning or managing organization.
3. If applicable, provide the owning or managing organization’s “doing business as” name.
4. Provide the owning or managing organization’s business street address.
5. Provide the owning or managing organization’s tax identification number and, if one (or more) has been issued, its Medicare identification number(s).