

5. Ownership Interest and/or Managing Control Information (Organizations)

This section is to be completed with information about all organizations that have 5% or more (direct or indirect) ownership interest of, any partnership interest in, and/or managing control of, the provider identified in Section 2B, as well as any information on adverse legal actions that have been imposed against that organization. See instructions for examples of organizations that should be reported here. If there is more than one organization, copy and complete this section for each.

A. Check here ☐ if this section does not apply and skip to Section 6.

B. Organization with Ownership Interest and/or Managing Control - Identification Information☐ Add☐ Delete☐ Change

Effective Date: _____

1. Check all that apply: ☐ 5% or more Ownership Interest ☐ Partner
☐ Managing Control

2. Legal Business Name

3. "Doing Business As" Name (if applicable)

4. Business Address Line 1 (Street Name and Number)

Business Address Line 2 (Suite, Room, etc.)

City

State

ZIP Code + 4

5. Tax Identification Number

Medicare Identification Number(s) (if applicable)

C. Adverse Legal History☐ Change

Effective Date: _____

This section is to be completed for the organization reported in Section 5B above.

1. Has the organization in Section 5B above, under any current or former name or business identity, ever had any of the adverse legal actions listed in Table A in Section 3A imposed against it? ☐ YES ☐ NO

2. **IF YES**, report each adverse legal action, when it occurred, the law enforcement authority/court/administrative body that imposed the action, and the resolution. Attach a copy of the adverse legal action documentation(s) and resolution(s).

Adverse Legal Action:

Date:

Law Enforcement Authority:

Resolution:

