

OMB Approval No. 0938-0685

Refer to the instructions and examples in Section 5 for further clarification of what is meant by the terms “direct owner” and “indirect owner.” If further assistance is needed in completing this section, contact the fiscal intermediary.

IMPORTANT – Only Individuals should be reported in Section 6. Organizations must be reported in Section 5.

1. Furnish the individual’s name, title, date of birth, social security number, and Medicare identification number (if applicable).

NOTE: Section 1124A of the Social Security Act requires that the provider furnish Medicare with the individual’s social security number.

2. Indicate the individual’s relationship with the enrolling provider identified in Section 2B. If this individual has a title other than those listed in this section, check the “Other” box and specify the title used by this individual.

Example: A provider is 100% owned by Company C, which itself is 100% owned by Individual D. Assume that Company C is reported in Section 5B as an owner of the provider. Assume further that Individual D, as an indirect owner of the provider, is reported in Section 6A1. Based on this example, the provider would check the “5% or Greater Indirect Owner” box in Section 6A2.

- B. Adverse Legal History** - This section is to be completed with information concerning any adverse legal actions that have been imposed or levied against individuals reported in Section 6A. See Table A in Section 3 of this application for a list of adverse actions that must be reported.

If reporting a change to existing information, check “Change,” provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. The provider must state whether the individual reported in Section 6A, under any current or former name or business identity, has ever had any of the adverse legal actions listed in Section 3 (Table A) of this form imposed against him or her.
2. If the answer to this question is “Yes,” supply all requested information. Attach copy(s) of official documentation related to the adverse legal action. Such documentation includes adverse legal action notifications (e.g., notification of disciplinary action; criminal court documentation that verifies the conviction of a crime) and documents that evidence how the adverse legal action was finally resolved (e.g., reinstatement notices, etc.).

If the provider is uncertain as to whether this individual falls within one of the adverse legal action categories, the provider should query the Healthcare Integrity and Protection Data Bank. If the provider needs information on how to access the data bank, call 1-800-767-6732 or visit www.npdb-hipdb.com.