

OMB Approval No. 0938-0685

6. Ownership Interest and/or Managing Control Information (Individuals)

This section is to be completed with information about any individual that has a 5% or greater (direct or indirect) ownership interest in, or any partnership interest in, the provider identified in Section 2B. All officers, directors, and managing employees of the provider must also be reported in this section. In addition, any information on adverse legal actions that have been imposed against the individuals reported in this section must be furnished. If there is more than one individual, copy and complete this section for each individual.

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

Effective Date: _____

1. Name	First	Middle	Last	Jr., Sr., etc.
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Title

Date of Birth (MM/DD/YYYY)

Social Security Number

Medicare Identification Number (if applicable)

2. What is the above individual's relationship with the supplier in Section 2B? (Check all that apply.)☐ 5% or Greater Direct Owner☐ Managing Employee☐ 5% or Greater Indirect Owner☐ Director/Officer☐ Other (Specify): _____☐ Partner**B. Adverse Legal History**☐ Change

Effective Date: _____

This section is to be completed for the individual reported in Section 6A above.

1. Has the individual in Section 6A 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 him or her? ☐ 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:
