

Provider and Subcontractor Ownership/Controlling Interest Worksheet

In order to comply with Federal Law (42 CFR 420.200-420.206 and 455.100-455.106) health plans with Medicaid or Medicare business are required to obtain certain information regarding the ownership and control of entities with which the health plan contracts for services for which payment is made under the Medicaid or Medicare program or any line of business that provides healthcare for federal employees. The Centers for Medicaid and Medicare Services (CMS) require Health First Network, Inc. (HFNI) and its subsidiaries to obtain this information to demonstrate that we are not contracting with an entity that has been excluded from federal health programs, or with an entity that is owned or controlled by an individual who has been convicted of a criminal offense, has had civil monetary penalties imposed against them, or has been excluded from participation in Medicare or Medicaid.

Please complete the following information listed below. This form is required if you wish to continue to participate with HFNI's subsidiaries. You are also reminded that any changes to this information in the future must be reported to the health plan.

Use the back of this form if you need additional space to continue your responses.

Name of Provider/Subcontractor: _____

Type of Provider/Subcontractor: _____

Tax ID # _____ NPI # _____

Primary Address: _____

Type of Ownership: _____

(Examples may include: Partnership, Corporation, Government, Limited Partnership, Corporate-owned, Investor Owned, etc.)

List any person & their address that has direct or indirect ownership interest of 5% or more in your entity:

List any person & their address who is the owner of a whole or part interest in any mortgage, deed of trust, note or other obligation secured (in whole or in part) by the entity or any of the property assets thereof, in which whole or part interest is equal to or exceeds 5% of the total proper and assets of the entity.

If the entity is a Corporation, please list the Officers and Directors of the entity & their addresses. If the entity is a Partnership, please list the partners & their addresses: _____

List any managing employees & their addresses. Managing employees are individuals such as general managers, business managers, administrators or directors who exercise operational or managerial control over the entity or part thereof or directly/indirectly conduct the daily operations of the entity, or part thereof.

CHECK IF YOU HAVE LISTED ADDITIONAL INFORMATION ON THE BACK OF THIS FORM

I certify that the information contained above is true, complete and accurate.

Signed: _____

Date: _____

Telephone #: _____

Print: _____

Title: _____

Fax #: _____