

Disclosure of Ownership (DOO) Instructions

Helpful Hints:

- A DOO is required per TIN
 - An Entity with multiple locations with the same TIN – one DOO is required
 - An Entity with multiple TIN's - a DOO is required for each TIN
 - White out on the form will not be accepted

Section 1

Name of Entity – Required

- Name of Entity should match the name on line 1 of the W9

Tax ID – Required

- Tax ID should match the Tax ID on the W9

Address – Required

- Address should match the service office, business or payment address

Fields in RED are required

| | |
|------------------|--|
| Name of Entity | |
| Tax ID | |
| Telephone Number | |
| Street Address | |
| City | |
| State | |
| Zip | |
| County | |

Section 2

- If Yes is checked for any of the questions, the name(s) must be listed on a separate page.

****All questions must be answered****

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| Section 2 | |
| Answer the following questions by checking "Yes" or "No". | |
| If any of the questions are answered "Yes", list the names and addresses if the individuals or corporations on a separate page. | |
| 2a. Are there any individuals or organizations that have a direct or indirect ownership or controlling interest of 5% or more in the Business Entity that have been convicted of a criminal offense related to the involvement of persons in any of the programs under Medicaid and Medicare Programs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2b. Have any directors, officers, agents, or managing employees of the Business Entity ever been convicted of a criminal offense related to their involvement in such programs established by Medicaid and Medicare? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2c. Are there any individuals currently employed by the Business Entity in a managerial, accounting, auditing, or similar capacity who were employed by the entity's fiscal intermediary or carrier within the previous 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 3a

Name of Owner and/or Managing Employees – Required

- List name of all owners

Date of Birth (DOB) – Required

- List DOB of each owners

Address – Required

- Address should match the service office, business or payment address

Social Security Number – Required

- List SSN of each owners

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The DOB and SSN are required to be listed per federal regulation: Sect. 4313 of the Balanced Budget Act of 1997 amended Sect. 1124 and Federal Register Vol. 76 No. 22 for further information.

If attaching a list of board members with required information, this section does not need to be filled in.

Fields in RED are required

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|---|--|
| Section 3 | |
| Owners & Managing Employees | |
| 3a. List names, addresses, Dates of Birth and SSN for all Persons with an ownership interest in; or who are Managing Employees of the Disclosing Entity. List any additional names and addresses on a separate page. If more than one individual is reported and any of these persons are related to each other, this must be reported on a separate page. For Persons who are corporations, substitute the corporation's Tax Identification Number (TIN) for the SSN. | |
| Owner/ Managing Employee #1 | |
| Name of Person | |
| Date of Birth | |
| SSN | |
| Address | |
| City, State and Zip | |
| Owner/ Managing Employee #2 | |
| Name of Person | |
| Date of Birth | |
| SSN | |
| Address | |
| City, State and Zip | |
| Owner/ Managing Employee #3 | |
| Name of Person | |
| Date of Birth | |
| SSN | |
| Address | |
| City, State and Zip | |

Section 3b

Choose type of entity – selection should match W9

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| <p>3b. Type of Entity – Check one that applies</p> <p>Please Note: Your selection here MUST match how you are registered with the IRS and the W9 we have on file.</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> S-Corporation</p> <p><input type="checkbox"/> C-Corporation</p> <p><input type="checkbox"/> Sole Proprietor/Single Member LLC</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> Government Entity</p> <p><input type="checkbox"/> Other _____</p> |
|--|

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Section 3c

If this Business Entity is a corporation, list names, addresses of the Directors, and EINs for entities, if different than what is listed in 3a (can be left blank if not different than 3a, and not a corporation)

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|---|
| 3c. If this Business Entity is a corporation, list names, addresses of the Directors, and EINs for entities, if different than what is listed in 3a. |
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Section 3d

This section should be filled out if the owner(s) own another Medicare/Medicaid facilities (List the name(s) of the additional facilities)

| | |
|---|--|
| 3d. Are any owners of the Disclosing Entity also owners of other Medicare/Medicaid facilities, with different Tax Id's that are different from that listed in section 1? (Example: sole proprietor, partnership or members of Board of Directors.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please complete the section below: | |

| |
|----------------------------|
| Owner/ Entity #1 |
| Name of Individual/ Entity |
| SSN/ TIN |
| Address |
| City, State and Zip |
| Owner/ Entity #2 |
| Name of Individual/ Entity |
| SSN/ TIN |
| Address |
| City, State and Zip |
| Owner/ Entity #3 |
| Name of Individual/ Entity |
| SSN/ TIN |
| Address |
| City, State and Zip |

Section 4

All questions must be answered, nothing can be left blank. If Yes is answered, a date must be filled in for questions 4a-4c.

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| Section 4 | |
| Answer the following questions by checking "Yes" or "No". If any of the questions are answered "Yes", list the date of the change. | |
| 4a. Has there been a change in ownership or control within the last year? If yes, give date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4b. Do you anticipate any change of ownership or control within the year? If yes, give date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4c. Do you anticipate filing for bankruptcy within the year? If yes, give date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Section 5 and 6

All questions must be answered, nothing can be left blank

| Section 5 | |
|--|--|
| 5. Is the Disclosing Entity operated by a management company or leased in whole or in part by another organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section 6 | |
| 6. Has there been a change in management within the last year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>(change in Director, a new Administrator, contracting operations of the facility to a management corporation, hiring or dismissing employees with 5% or more interest, or similar change)</i> | |

Section 7

7a: If Yes is answered, this section needs to be completed (List name of chain)

| Section 7 | |
|--|--|
| 7a. Is the Disclosing Entity currently chain affiliated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please complete the section below: | |
| Name | |
| EIN | |
| Address | |
| City, State and Zip | |

7b: If Yes is answered this section needs to be completed (List name of chain)

| | |
|---|--|
| 7b. If "No", was the Disclosing Entity ever chain affiliated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | |
| EIN | |
| Address | |
| City, State and Zip | |

Signature

- Electronic signatures are acceptable when using software such as DocuSign, Adobe or electronically signed thru AppCentral.
- A 'rubber stamp' signature will not be accepted.
- The form can be signed by authorized personnel (ie: owner, office personnel etc.): by signing below the named individual represents, warrants and acknowledges that s/he has the legal authority to bind the above-named organization and attests to the validity and accuracy of the information presented herein.

Fields in RED are required

| | |
|--|--|
| Name (Typed) | |
| Title | |
| Signature (this may be an electronic signature provided there is an electronic date and time stamp) | |
| Date | |