PROVIDER DISCLOSURE FORM

Attachment B

Completion of this form is required for all provider's shareholders/partners (including self) who have 5 percent or more direct or indirect ownership (or whose parent, child or sibling has such an interest), and for all individual officers, directors, managing employees, agents, subcontractors or wholly owned suppliers (as these terms are defined in the attached Instructions), and Electronic Funds Transfer (EFT) authorized individuals. These pages may be duplicated if necessary.

SECTION I – Initial Disclosures:

1a. Name of Contracted Provider: _____.

1b. Identification of Parties

Provide the below requested information for each person (including self), shareholder/partner who has 5% or more direct or indirect ownership (or whose parent, child or sibling has such an interest), and for all individual officers directors, managing employees, agents, subcontractors or wholly owned suppliers, and Electronic Funds Transfer (EFT) authorized individuals.

<table>
<tr><th>Name and Address</th><th>Title</th><th>Soc. Security #</th><th>License #</th><th>Ownership %</th><th>Relationship</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td rowspan="2">Related to another person also identified in this form?
☐ Y N☐</td></tr>
<tr><td></td><td colspan="4" rowspan="2">Check business relationship that applies: ☐Owner ☐Shareholder/Partner ☐Officer ☐Director ☐Manager
☐EFT Authorized Employee ☐Other (Provider Agency/Affiliate)</td></tr>
<tr><td></td><td colspan="4">To whom is this person related and how
Name:
_____
Familial Relationship:
_____</td></tr>
<tr><td colspan="5">Date of Birth:</td><td></td></tr>
</table>

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Name and Address	Title	Soc. Security #	License #	Ownership %	Relationship
					Related to person identified in this form?
	Check business relationship that applies: ☐Owner ☐Shareholder/Partner ☐Officer ☐Director ☐Manager				☐ Y N☐
	☐EFT Authorized Employee ☐Other (Provider Agency/Affiliate)				To whom is this person related and how Name: _____
Date of Birth:					Familial Relationship: _____

Name and Address	Title	Soc. Security #	License #	Ownership %	Relationship
					Related to person identified in this form?
	Check business relationship that applies: ☐Owner ☐Shareholder/Partner ☐Officer ☐Director ☐Manager				☐ Y N☐
	☐EFT Authorized Employee ☐Other (Provider Agency/Affiliate)				To whom is this person related and how Name: _____
					Familial Relationship: _____

1b. Identification of Criminal History

Has anyone identified in 1a been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs? If yes, please provide the requested information below for each person.

Yes ☐ No ☐

Name of Person	Description of offense

Section II Follow-up Disclosures:

2. Does any person identified in response to Section I have an ownership or controlling interest in any other Medicaid provider or in any entity that does not participate in in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Titles V, XVIII or XX of the Act? If yes, please provide the requested information below for each person.

Yes ☐ No ☐

Name and Address of Person	Name of Provider	Ownership %

Section III Disclosures Concerning Subcontractors:

3a. Has the provider had business transactions with any subcontractor totaling more than $25,000 during the preceding 12 month period? If yes, please provide the requested information below for each subcontractor. **(The term "subcontractor" does <u>not</u> include non-managing, licensed clinicians engaged to render direct services to patients.)**

Yes ☐ No ☐

Name	Address
A.	
B.	
C.	
D.	
E.	
F.	

3b. Provide the name and address of all persons with an ownership or control interest in each subcontractor named in question #3a. (**NOTE: Designate relationship to subcontractor listed above by using A., B., C., etc.)**

Name	Address

3c. Has the provider had any significant business transactions with any wholly owned supplier or with any subcontractor during the preceding five year period? If yes, give the information below for each wholly owned supplier or subcontractor.

Yes ☐ No ☐

Name	Address	Description of Business Transaction

Pursuant to Title 42, Code of Federal Regulation, Part 455, Sections 104-106, whoever knowingly and willfully makes or causes to be made a false statement or representation in this Disclosure Form may be subject to adverse legal consequences under applicable federal and/or State laws. Further, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or, where the provider already participates, a termination of its Procurement Contract with <<LME/PIHP>>.

Completed by: _____ Date: _____

(Printed Name and Title)

Please send your completed form to:

<<LME/PIHP>> at: _____