

**Additional Disclosure Information**

*To be completed by Providers answering YES to Question 10. (Providers with more than one Individual to disclose for questions 4, 5, 6, 7 and/or 9)*

Provider Name		Provider NPI/ Service Location	
<b>Ownership and Control</b>		<b>Disclosing Entity</b>	
List the name and address of each person with an ownership or control interest in the disclosing entity and has direct or indirect ownership of 5 percent or more.		List any persons who has an ownership or control interest in another disclosing entity.	
Name & Title		Name	
DOB		Other Disclosing Entity	
Legal Entity or Home Address		Other Disclosing Entity Address	
Relationship			
EIN/ SSN:			
Subcontractor? Y/N			
Ownership percentage amount			
Name & Title		Name	
DOB		Other Disclosing Entity	
Legal Entity or Home Address		Other Disclosing Entity Address	
Relationship			
EIN/ SSN:			
Subcontractor? Y/N			
Ownership percentage amount			
Name & Title		Name	
DOB		Other Disclosing Entity	
Legal Entity or Home Address		Other Disclosing Entity Address	
Relationship			
EIN/ SSN:			
Subcontractor? Y/N			
Ownership percentage amount			
Name & Title		Name	
DOB		Other Disclosing Entity	
Legal Entity or Home Address		Other Disclosing Entity Address	
Relationship			
EIN/ SSN:			
Subcontractor? Y/N			
Ownership percentage amount			

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<b>Provider Name</b>		<b>Provider NPI/ Service Location</b>	
<b>Business Transactions</b>		<b>Persons Convicted of a Crime</b>	
Identify the ownership of any subcontractor, as defined in 42 CFR §§ 455.101, with whom the provider has had business transactions totaling more than \$25,000 during the previous 12-month period.		List any person who has ownership or control interest in the provider, or is an agent or managing employee of the provider and who has also been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services since the inception of those programs.	
Subcontractor Name		Name	
Legal Entity or Home Address		Legal Entity or Home Address	
EIN/ SSN:		Relationship	
Name of Owner		Conviction Information	
Home Address		Crime	
		Date of Conviction	
Subcontractor Name		Name	
Legal Entity or Home Address		Legal Entity or Home Address	
EIN/ SSN:		Relationship	
Name of Owner		Conviction Information	
Home Address		Crime	
		Date of Conviction	
Subcontractor Name		Name	
Legal Entity or Home Address		Legal Entity or Home Address	
EIN/ SSN:		Relationship	
Name of Owner		Conviction Information	
Home Address		Crime	
		Date of Conviction	
Subcontractor Name		Name	
Legal Entity or Home Address		Legal Entity or Home Address	
EIN/ SSN:		Relationship	
Name of Owner		Conviction Information	
Home Address		Crime	
		Date of Conviction	