

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****

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

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	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 90%;" type="text"/>
SSN	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>
City, State and Zip	<input style="width: 90%;" type="text"/>
Owner/ Managing Employee #2	
Name of Person	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 90%;" type="text"/>
SSN	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>
City, State and Zip	<input style="width: 90%;" type="text"/>
Owner/ Managing Employee #3	
Name of Person	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 90%;" type="text"/>
SSN	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>
City, State and Zip	<input style="width: 90%;" type="text"/>

Section 3b

Choose type of entity – selection should match W9

<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 <input style="width: 150px;" type="text"/></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)

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.

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.

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	