

# DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

**I. Identifying Information**

Name of Entity	D/B/A	CLIA No.	EIN	Telephone No. and Fax No.
Street Address		City, County, State		Zip Code

II. Answer the following questions by checking "Yes" or "No". If any of the question are answered "Yes", list names and addresses of individuals or corporations under Remarks on page 2. Identify each item number to be continued.

**FOR CLIA PURPOSES**

A. Are there any individuals or organizations having a direct or indirect ownership or control interest in the reporting entity that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, or XX?

Yes       No      LB 2

B. Are there any directors, officers, agents, or managing employees of the reporting entity who have been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

Yes       No      LB 3

C. Are there any individuals currently employed by the reporting entity in a managerial, accounting, auditing, or similar capacity who were employed by the reporting entity's fiscal intermediary or carrier within the previous 12 months ?  
(Title XVIII providers only)

Yes       No      LB 4

III. (a) List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on Page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks.

Name	Address	EIN
		LB 5

(b) Type of Entity:   
 Sole Proprietorship     
 Partnership     
 Corporation     
 Unincorporated Associations     
 Other (Specify)     
LB 6

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under Remarks.

Check appropriate box for each of the following questions

(d) Are any owners of the disclosing entity also owners of other Medicare/Medicaid and/or CLIA facilities? (Example: sole proprietorship, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and provider numbers and/or CLIA numbers.

Yes       No      LB 7

Name	Address	Provider Number/CLIA Number

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IV. (a) Has there been a change in ownership or control within the last year?  
 If yes, give date \_\_\_\_\_  Yes  No LB 8

(b) Do you anticipate any change of ownership or control within the year?  
 If yes, give date \_\_\_\_\_  Yes  No LB 9

(c) Do you anticipate filing for bankruptcy within the year?  
 If yes, give date \_\_\_\_\_  Yes  No LB 10

V. Is this facility operated by a management company or leased in whole or part by another organization?  
 If yes, give date of change in operations \_\_\_\_\_  Yes  No LB 11

VI. Has there been a change in Director within the last year?  
 If yes, give date of change \_\_\_\_\_  Yes  No LB 12  
 name of new Director \_\_\_\_\_ (If more than one change, list in remarks.)

VII. (a) Is this facility chain affiliated? (If yes, list name, address of Corporation and EIN)  
 Name EIN#  Yes  No LB 13  
  
 Address

LB 14

VII. (b) If the answer to Question VII.(a) is No, was the facility ever affiliated with a chain?  
 (If YES, list Name, Address of Corporation and EIN).  
 Name EIN#  Yes  No LB 18

Address

LB 19

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF AN APPLICATION FOR A CLIA CERTIFICATE OR SUSPENSION AND/OR REVOCATION OF AN EXISTING CLIA CERTIFICATE, AS APPROPRIATE.

Name of Authorized Representative (Typed)	Title
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Signature	Date
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Remarks