Alabama Medicaid Agency
Change of Ownership Information

This form is to be completed and returned to the Medicaid Agency as specified below

Currently enrolled providers who will experience a change in ownership or a change in tax number of a facility must complete the information below.

Effective or Anticipated date of change: _____

Reason for change: ☐ CHANGE OF OWNERSHIP ☐ MERGER ☐ CLOSURE

Previous Owner's Information

Organization name _____

Alabama Medicaid Provider number _____

NPI number _____

Tax ID number _____

Contact _____

Telephone number for contact _____

New Owner's Information

Organization name _____

NPI number _____

Tax ID number _____

Contact _____

Telephone number for contact _____

A copy of the sales agreement signed by all parties is required.

_____

Name of Authorized Representative (typed or printed legibly) Title

_____

Signature Date

Reporting Change of Ownership Information

Medicaid requires the owner of a Medicaid-enrolled facility to report any change of ownership to Medicaid as soon as Medicare has been notified. Providers who accept the previous owner's Medicaid agreement must complete and submit a new Electronic Funds Transmittal (EFT) Form, W-9, and Disclosure Forms for any owners, officers, directors, agents, managing employees, and shareholders with 5% or more controlling interest.

Currently enrolled providers are required to complete the Change of Ownership Information form and mail this form, along with the completed above mentioned forms, to the Enrollment & Sanctions Unit, Program Integrity Division, Alabama Medicaid Agency, 501 Dexter Avenue, P O Box 5624, Montgomery, Alabama 36104.