

Select purpose of form below:

DISCLOSURE FORM Revised 12/09/16

Initial Enrollment

Reenrollment

Update

ATN # _____

NPI # _____

NPI # _____

MCD # _____

MCD # _____

PROVIDER DISCLOSURE FORM

Providers who operate as a corporation, organization, institution, agency, partnership, professional association, or similar entity must complete the following information for each of the following individuals: (Print/Make additional copies as necessary)

Owners Officers Shareholders with 5% or more controlling interest
 Agents Directors Managing Employees

This form must be completed for anyone who holds one of the above listed positions. Completion of this form requires that a valid answer be provided to EVERY question. Incomplete forms will be returned for the missing information.

Submit with bar coded cover sheet to HPES' Provider Enrollment Department at:
 P O Box 241685, Montgomery, AL 36124-1685

The completion of this form is required to establish a new group or payee or update an enrolled group or payee. Please note that the address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address. Attach additional sheets if necessary.

Name:	Title:
Home Address:	Business Address:
Social Security Number:	Employer's Tax ID:
Driver's License Number & Issuer:	Driver's License Expiration Date:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Previous Home Address:	Previous Business Address:

List the name and address of each person with an ownership or controlling interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. This includes relatives.

Name	Address

List the names of **any other disclosing** entity in which person with an ownership or control interest in the disclosing entity also has an ownership or control interest of at least 5% or more.

NOTE: Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under the title V, XVIII, or XX of the Act.

Name	Address	Tax ID	%

Are you related as spouse, parent, child, or sibling to any other owner, officer, agent, managing employee, director or shareholder? Yes No If yes, please give names and relationships (Attach additional sheets if necessary):

Name	Relationship

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PROVIDER DISCLOSURE FORM (cont.)

List any business transactions with wholly owned suppliers or any subcontractors totaling more than \$25,000, during the last 12 months.

FULL LEGAL NAME	ADDRESS	AMOUNT OF BUSINESS TRANSACTION	RELATIONSHIP

Have you ever been excluded, debarred, or sanctioned from any state or federal program? Yes No
If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license: (attach additional sheets if necessary)

Is your license currently suspended or restricted? Yes No

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license: (attach additional sheets if necessary)

Have you ever been convicted of a crime? (excluding minor traffic citations) Yes No

Convicted means that:

1. A judgement of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:
 - a) There is a post-trial motion or appeal pending, or
 - b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;
2. A Federal, State or local court has made a finding of guilt against an individual or entity;
3. A Federal, State or local court has accepted a plea of guilty or *nolo contendere* by an individual or entity; or
4. An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license:

Do you have any outstanding criminal fines, restitution orders, or overpayments identified in this state or any other state? Yes No