

PUBLIC

HCMO Notice of Material Change
Ambulnz Holdings, LLC d/b/a DocGo /
Hicuity Health, Inc.
Attachment No. 3

Health Care Market Oversight (HCMO) Program

HCMO-1c: Facilities and Locations Form

List all health care facilities and locations associated with parties to the proposed material change transaction that currently operate in Oregon. Please add additional rows or pages as needed. Submit the completed form in a portable document form (pdf) to hcmo.info@oha.oregon.gov. This form will be published.

For each location, include the location or facility name, street address, services provided at the location, and service area zip codes. Service area refers to the smallest number of zip codes from which the location or facility draws at least 75% of its patients, based on home zip codes of patients. Add rows as needed for additional locations.

Locations associated with Party A

Entity Name: Ambulnz Holdings, LLC d/b/a DocGo

Location/ Facility Name	Street Address	Services provided at location	Service area zip codes
Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Locations associated with Party B

Entity Name: Hicuity Health, Inc.

Location/ Facility Name	Street Address	Services provided at location	Primary service area zip codes
Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Please add additional tables for other parties to the proposed material change transaction that have health care facilities or locations.

Click or tap here to enter text.

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