Ownership Re-Validation Form

MAP #_____

NPI #_____

Provider Business name: _____

Organization Type*: Check the entity type that best describes the structure of the enrolling provider entity, agency, facility or organization. *Check **only one** box.*

- ☐ For-profit corporation
- ☐ Non-profit corporation
- ☐ Partnership
- ☐ Government-owned
- ☐ Sole proprietorship
- ☐ Tribal-owned
- ☐ LLC
- ☐ PC

For-profit corporations, Partnerships, LLCs or PCs: List the following information for entities having direct or indirect ownership or controlling interest in the provider entity. *List Name, SSN and DOB for individuals; list name and FEIN for organizations.*

Name*	Title*	Date of birth*	SSN/FEIN*