



Disclosure of Ownership and Controlling Interest Form

Instructions: This form is to be completed by the owner(s) of record for any business that is applying for participation in the Amplifon Hearing Health Care (AHHC) network. It must be submitted to AHHC at the time of initial application, upon request by AHHC for revalidation, and within 35 days after any change to the reported information.

For definitions of key terms used in this form, please see the attached *Instructions and Glossary of Key Terms*.

I. Disclosing Entity				
Legal Name of Entity				
Doing Business As (DBA)				
Federal Tax ID Number	National Provider ID (NPI)	Medicaid ID Number	State of Issue _____ <input type="radio"/> <i>Not Applicable</i>	
Street Address				
City, State and Zip Code				
Type of Entity <input type="radio"/> Sole Proprietorship <input type="radio"/> Corporation <input type="radio"/> Non-Profit <input type="radio"/> Partnership <input type="radio"/> Other (Please specify) _____				
II. Ownership Interests (42 CFR §455.104)				
(a) List the name, date of birth (DOB), primary address and Social Security Number (SSN) of each person having a Direct or Indirect Ownership Interest in the Disclosing Entity of 5% or greater.				
(b) List the name, business address and Tax Identification Number (TIN) of each organization, corporation or entity having a Direct or Indirect Ownership Interest of 5% or greater.				
(c) Attach additional sheets as necessary.				
Name of Owner / Entity	DOB (mm/dd/yyyy)	Complete Address	SSN (individual) or TIN (entity)	% Ownership
		Street/PO Box City State & Zip		
		Street/PO Box City State & Zip		
		Street/PO Box City State & Zip		



Disclosure of Ownership and Controlling Interest Form

III. Controlling Interest (42 CFR §455.104)

- (a) List all corporate officers, directors, Board of Directors, business partners or other individuals or entities that have a Controlling Interest in the Disclosing Entity. Include the name, date of birth (DOB) if applicable, address, Social Security Number (SSN) or Tax Identification Number (TIN) and title as applicable.
- (b) Attach additional sheets as necessary.

Name of Owner / Entity	DOB <i>(mm/dd/yyyy)</i>	Complete Address	SSN (individual) or TIN (entity)	Title <i>(as applicable)</i>
		Street/PO Box City State & Zip		
		Street/PO Box City State & Zip		

IV. Ownership & Controlling Interest in Subcontractors

- (a) If the Disclosing Entity from Section I has a Direct or Indirect Ownership Interest of 5% or greater in any Subcontractor, please complete the following information. If no such ownership exists, please indicate N/A and move to the next section. (42 CFR §455.104)
- Not Applicable (N/A)

Legal Name of Subcontractor	Subcontractor's TIN	% Interest in Subcontractor
-----------------------------	---------------------	-----------------------------

- (b) If any other individual or entity has an Ownership or Controlling Interest in the same Subcontractor, please complete the following information. Not Applicable (N/A)

Name of Individual / Entity	DOB <i>(mm/dd/yyyy)</i>	Complete Address	SSN (individual) or TIN (entity)
		Street/PO Box City/State/Zip	
		Street/PO Box City/State/Zip	

- V. If any individual with an Ownership or Controlling Interest listed in Section II, III or IV above is related to another person with an Ownership or Controlling Interest listed in Section II, III or IV (such as a spouse, parent, child or sibling), please complete the following section. If no such relationship exists, please indicate N/A. Attach additional sheets as necessary. (42 CFR §455.104)
- Not Applicable (N/A)

<i>Individual 1 (Name):</i>	<i>Has a Relationship As:</i>	<i>To Individual 2 (Name):</i>

- VI. If any individual with an Ownership or Controlling Interest listed in Section II or Section III above has an Ownership or Controlling Interest in any Other Disclosing Entity, please complete the following section. If no such relationship exists, please indicate N/A. Attach additional sheets as necessary. (42 CFR §455.104)
- Not Applicable (N/A)

<i>Name from Section II or Section III:</i>	<i>Name of Other Disclosing Entity:</i>	<i>Other Disclosing Entity's TIN:</i>



Disclosure of Ownership and Controlling Interest Form

VII. Business Transactions (42 CFR §455.105)

(a) Has the Disclosing Entity had any business transactions totaling more than \$25,000 with a Subcontractor during the previous 12-month period, or had Significant Business Transactions with a Wholly Owned Supplier or Subcontractor during the past 5-year period?

Yes (Please provide information below) No

Name of Subcontractor / Supplier	Address	TIN

VIII. Criminal Convictions, Sanctions, Exclusions and Terminations (42 CFR §455.106)

(a) Has any individual or entity with an Ownership or Controlling Interest identified in Sections II or III above ever:

i. Been convicted of a criminal offense related to their involvement in any program under Medicare, Medicaid or Title XX Services?

Yes No

ii. Been excluded from participation in, or have been terminated from, any program under Medicare, Medicaid or Title XX Services?

Yes No

(b) Has any Managing Employee or Agent ever:

i. Been convicted of a criminal offense related to their involvement in any program under Medicare, Medicaid or Title XX Services?

Yes No

ii. Been excluded from participation in, or have been terminated from, any program under Medicare, Medicaid or Title XX Services?

Yes No

Complete the following for any Yes answer in Section VIII: (Attach additional sheets if necessary)

Full Legal Name (<i>first, middle, last</i>)	Social Security Number (SSN)
Reason for Answering Yes:	
Full Legal Name (<i>first, middle, last</i>)	Social Security Number (SSN)
Reason for Answering Yes:	

Signature

By signing below, I, the owner of the Disclosing Entity or authorized officer with authority to bind the entity, certify that the information provided is true and accurate and that I will notify Amplifon of any changes to the information according to the requirements state above.

NAME (PRINT)	TITLE	PHONE NUMBER
SIGNATURE		DATE