

# Molina Healthcare of New York, Inc.

## Disclosure of Ownership and Control

Name of Disclosing Entity \_\_\_\_\_

Directions:

Respond to these questions on behalf **of yourself and any individuals or organizations having a direct or indirect ownership or control interest of 5% or more, and any partners, directors, officers, agents or managing employees of the provider completing this form.**

- Definitions:

**Ownership interest:** possession of equity in the capital, the stock or the profits of a provider.

**Indirect ownership interest:** an ownership interest in an entity that has an ownership interest in a provider. This term includes an ownership interest in any entity that has an indirect ownership interest in a provider.

**Managing employee:** a general manager, business manager, administrator, director, or other person who exercises operational or managerial control of a provider, or who directly or indirectly conducts the day-to-day operation of a provider.

### Questions

1. Type of entity

☐ Sole Proprietorship

☐ Unincorporated Association

☐ Corporation

☐ Governmental

☐ Partnership

☐ Other (Specify) \_\_\_\_\_

2. Ownership Information:

#### Who Must Disclose

- Individual or corporation with an ownership control interest (direct or indirect of 5% or more), managing employees of the disclosing entity, subcontractor with 5% or more interest in the disclosing entity, other disclosing entities in which an owner of the disclosing entity has an ownership or control interest, owns an interest of 5% or more in any mortgage, deed of trust, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity.

#### What to Disclose

- Name, address of any person (individual or corporation) with an ownership or control interest in the disclosing entity or who is a managing employee of the disclosing company. The address for corporate entities must include as applicable primary address, every business location, and P.O. Box address.
- Date of birth (DOB) and Social Security Number (SSN) for individuals and tax identification number (EIN) for corporations. Include familial relationship (spouse, parent, child, sibling) to other persons with ownership and control interest in the disclosing entity and subcontractors with 5% or more interest in the disclosing entity.

- Name of any other disclosing entity (or fiscal agent or managed care entity) in which there is ownership or controlling interest.

**[Fill out details on Page 3 of this document]**

3. Have you or an entity in which you had an ownership interest over 5% ever been terminated, denied enrollment, suspended, restricted by agreement or otherwise sanctioned by the Medicaid Program in New York or any other state of the United States, Medicare, or any other governmental or private medical insurance program?

☐ Yes ☐ No

4. Have you ever been convicted of a crime relating to the furnishing of, or billing for, medical care, services, or supplies or which is considered an offense involving theft or fraud or an offense against public administration or against public health and morals?

☐ Yes ☐ No

5. Has your business or professional license or certification or the license of an entity in which you had an ownership interest over 5% ever been revoked, suspended, surrendered, or any way restricted by probation or agreement by any licensing authority in any state?

☐ Yes ☐ No

6. Are there currently pending any proceedings that could result in the above stated sanctions?

☐ Yes ☐ No

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- This page may be photocopied for additional listings

Corporation Name		
Corporate Address		
P.O. Box Address		
Primary Business Location		
All Other Business Locations		
EIN #		
% of Ownership		
Name of any other disclosing entity in which you have an ownership or controlling interest in		
Name		Title
Address		
SSN/EIN	DOB	% Ownership
Title: <input type="checkbox"/> Owner <input type="checkbox"/> Board Director <input type="checkbox"/> Managing Employee		Familial Relationship
Name of any other disclosing entity in which you have an ownership or controlling interest in		
Name		Title
Address		
SSN/EIN	DOB	% Ownership
Title: <input type="checkbox"/> Owner <input type="checkbox"/> Board Director <input type="checkbox"/> Managing Employee		Familial Relationship
Name of any other disclosing entity in which you have an ownership or controlling interest in		