

**Provider Network Solutions of Puerto Rico, LLC  
Ownership and Disclosure Form**

**Instructions:**

Please complete all sections of this form. If a section does not apply, indicate "N/A". Ensure all information is accurate and up to date.

If you need to disclosure any additional individual or entity, for any section: please include a copy of this form with the additional disclosure. The additional form shall be attested by the authorized official.

**Applicable Federal Regulations:**

**42 CFR 455.104:** Disclosure by providers and fiscal agents of ownership and control.

**42 CFR 455.105:** Disclosure by providers of business transactions.

**42 CFR 455.106** Disclosure by providers of persons convicted of crimes.

More information: [eCFR :: 42 CFR Part 455 -- Program Integrity: Medicaid](#)

**Section 1: Provider Information (42 CFR 455.104)**

Provider Full Name <ul style="list-style-type: none"> <li>Enter the full legal name of the provider.</li> </ul>	
Provider Address <ul style="list-style-type: none"> <li>Enter the complete address of the provider.</li> </ul>	
Provider Type <ul style="list-style-type: none"> <li>Specify the type of provider (e.g., hospital, clinic, individual practitioner).</li> </ul>	
Provider National Provider Identifier (NPIs) <ul style="list-style-type: none"> <li>Enter the provider's identification number (Must have 10- Digits and be verifiable in the <a href="#">NPPES NPI Registry</a>).</li> </ul>	

**Section 2: Ownership Information** (42 CFR 455.104)  N/A (If a section does not apply, select "N/A".)

<p><b>Owner Name:</b></p> <ul style="list-style-type: none"> <li>• <i>Enter the full name of each individual or entity with an ownership interest.</i></li> </ul>	
<p><b>Owner Address:</b></p> <ul style="list-style-type: none"> <li>• <i>Enter the complete address of each owner.</i></li> </ul>	
<p><b>Owner Full Social Security Number:</b></p> <ul style="list-style-type: none"> <li>• <i>Enter the full social security number of each individual with an ownership interest.</i></li> </ul>	
<p><b>Owner Full Date of Birth:</b></p> <ul style="list-style-type: none"> <li>• <i>Enter the full Date of Birth of each individual with an ownership interest in format (mm/dd/yyyy).</i></li> </ul>	
<p><b>Percentage of Ownership:</b></p> <ul style="list-style-type: none"> <li>• <i>Specify the percentage of ownership held by everyone or entity.</i></li> </ul>	
<p><b>Date of Ownership Acquisition:</b></p> <ul style="list-style-type: none"> <li>• <i>Enter the date when the ownership interest was acquired.</i></li> </ul>	

**Section 3: Control Information** (42 CFR 455.104)  N/A (If a section does not apply, select "N/A".)

<p><b>Name of Person with Control Interest:</b></p> <ul style="list-style-type: none"> <li>• <i>Enter the full name of each individual or entity with an ownership interest.</i></li> </ul>	
<p><b>Address of Person with Control Interest:</b></p> <ul style="list-style-type: none"> <li>• <i>Enter the complete address of each owner.</i></li> </ul>	

Person with Control Interest Full Social Security Number: <ul style="list-style-type: none"> <li>• <i>Enter the full social security number of each individual with an ownership interest.</i></li> </ul>	
Person with Control Interest Full Date of Birth: <ul style="list-style-type: none"> <li>• <i>Enter the full Date of Birth of each individual with an ownership interest in format (mm/dd/yyyy).</i></li> </ul>	
<b>Type of Control Interest:</b> <ul style="list-style-type: none"> <li>• <i>Specify the type of control interest (e.g., officer, director, partner).</i></li> </ul>	
<b>Date Control Interest Acquired:</b> <ul style="list-style-type: none"> <li>• <i>Enter the date when the control interest was acquired.</i></li> </ul>	

**Section 4: Subcontractor Information** (42 CFR 455.105)  N/A (If a section does not apply, select "N/A".)

Subcontractor Name: <ul style="list-style-type: none"> <li>• <i>Enter the full name of each subcontractor.</i></li> </ul>	
Subcontractor Address: <ul style="list-style-type: none"> <li>• <i>Enter the complete address of each subcontractor.</i></li> </ul>	
Nature of Subcontract: <ul style="list-style-type: none"> <li>• <i>Describe the nature of the subcontract.</i></li> </ul>	
Percentage of Subcontract: <ul style="list-style-type: none"> <li>• <i>Specify the percentage of the subcontract.</i></li> </ul>	

**Section 5: Criminal Offenses** (42 CFR 455.106)

Has the provider or any person with an ownership or control interest been convicted of a criminal offense related to Medicare, Medicaid, or Title XX services?	<input type="checkbox"/> YES <input type="checkbox"/> NO  <i>If Yes, provide details below.</i>
Provide details of the criminal offense, including the nature of the offense, date of conviction, and any penalties imposed.	

## Section 6: Attestation and Release

Any false declaration in this form will be considered perjury. Provider Network Solution of Puerto Rico or its delegate entities are authorized to verify the information provided, ensuring compliance with CMS Chapter 6: Relationship with Providers, 42 CFR 438.608(b), and 42 CFR 455.436.

An Authorized Official is an appointed individual with the legal authority to enroll and make changes to the organization's status in various programs. A Delegated Official, appointed by an Authorized Official, can report changes to the supplier's enrollment record but cannot delegate this authority further. The provider must ensure accurate and complete information for credentialing, and each healthcare organization has its own acceptance criteria.

By signing, the provider authorizes the investigation and release of information from third parties regarding their qualifications and agrees not to hold any entity or its agents liable for actions taken in good faith during the credentialing process. This authorization is irrevocable during the application period and any participation with the entity.

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Authorized Official Full Name <ul style="list-style-type: none"><li>• <i>Include Authorized Official Full Name.</i></li></ul>	
Authorized Official Signature: <ul style="list-style-type: none"><li>• <i>Sign the form.</i></li></ul>	
Date: <ul style="list-style-type: none"><li>• <i>Enter the date of signing.</i></li></ul>	