

Medicaid Provider ID: \_\_\_\_\_  
or, Application Tracking Number (ATN) \_\_\_\_\_



## Physician Group Certificate Of Ownership

**Medicaid ID:** \_\_\_\_\_  
*(Write "pending" if this form is submitted with an application)*

**Physician Group Name:** \_\_\_\_\_

**Doing Business As (DBA) Name:** \_\_\_\_\_  
*(if applicable)*

**Service Address:** \_\_\_\_\_

**City, ST ZIP** \_\_\_\_\_

**This entity is:**

50% or more owned by **physicians** and located in a free-standing clinic or office.

50% or more owned by **physicians** and located in a hospital.

50% or more owned by **non-physicians** and located in a free-standing clinic or office.

*NOTE: A \$50,000 Surety Bond and a site visit is required if this box is checked.*

50% or more owned by **non-physicians** and located in a hospital.

*NOTE: A \$50,000 Surety Bond and a letter from the hospital director confirming the group is located in or attached to the hospital and holds all hospital privileges is required if this box is checked.*

Owned by a **not-for-profit** hospital.

*NOTE: A letter from the hospital director confirming the group is located in or attached to the hospital and holds all hospital privileges is required if this box is checked.*

Owned by a **for-profit** hospital.

*NOTE: A \$50,000 Surety Bond and a letter from the hospital director confirming the group is located in or attached to the hospital and holds all hospital privileges is required if this box is checked.*

List the full name, social security number, and percentage of ownership for each owner of 5% or more. If the owner is a licensed practitioner, list the license number. Attach additional sheet if necessary.

Owner's Full Name	Owner's Social Security Number	% of Ownership	Professional License (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

"Under penalty of perjury, I do hereby certify that the entity identified above meets one or more of the criteria specified above."

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Signer's Title

\_\_\_\_\_  
Print Name of Authorized Signer

\_\_\_\_\_  
Date