

Change of Ownership Form

Email completed form to: MHPContracting@apex4health.com

SELLER/ASSIGNOR

Former Tax ID: _____

Legal Name of Seller/Assignor: _____

Name of Facility: _____

NPI Number: _____

License Number: _____

Contact Name: _____

E-mail Address: _____

Telephone Number: _____

Fax Number: _____

Physical Address: _____

Seller's Mailing Address: _____

PURCHASER/ASSIGNEE

New Tax ID: _____

Legal Name of Purchaser/Assignee: _____

Name of Facility after transfer: _____

New Operating NPI Number: _____

New Operating License Number: _____

Contact Name: _____

E-mail Address: _____

Telephone Number: _____

Fax Number: _____

Changes to Physical Address (if applicable): _____

New Administrative/Payee Address (if applicable): _____

Purchaser Mailing Address (if different than Payee address): _____

1. Effective Date of Ownership Change: _____

2. Did CMS consider this a change of Ownership? ☐ Yes ☐ No

3. Type of Sale:

A. Asset Purchase Sale: This is a sale in which the assets (i.e., real estate, equipment, contracts) of the Facility are being sold (or assigned) by the current owner ("Seller") to a new owner ("Purchaser").

- Is the transfer pursuant to an Assets Purchase Sale? ☐ Yes ☐ No
- Are the provider contracts intended to be transferred to Purchaser pursuant to an asset purchase agreement? ☐ Yes ☐ No

B. Other Type of Sale / Transfer (please explain):

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4. Unless otherwise excluded below all active MHHP provider contracts will be considered as part of this request for consent to assignment of provider contracts. Please indicate which MHHP provider contract(s) (by name and effective date) if any, are **NOT** parts of the ownership/transfer change?

Note: The indicated networks will be terminated immediately upon approval of this request by MHHP.

MHHP Contracts Excluded from Transfer

Effective Date _____

Effective Date _____

Effective Date _____

5. Are rates and terms & conditions of MHHP Provider contract(s) with Seller acceptable to Purchaser? ☐ Yes ☐ No

6. Does the Seller intend to retain any liabilities? ☐ Yes ☐ No If yes, please provide details:

7. Are there any known claims or disputes (e.g., overpayment/underpayment to seller) between MHHP and Seller?
☐ Yes ☐ No If yes, please provide details and status of dispute?

By completing and executing this Change of Ownership, Seller/Assignor and Purchaser/Assignee are certifying the accuracy of the information contained herein and are requesting the consent of MHHP to the assignment of the Provider Contracts to Purchaser/Assignee.

Seller/Assignor

Signature:

Printed Name:

Title:

Date:

Purchaser/Assignee

Purchaser/Assignee expressly agrees to assume the obligations of Seller/Assignor and the terms and conditions of the Provider Contracts.

Signature:

Printed Name:

Title:

Date:

Approval of MHHP

Signature:

Printed Name:

Title:

Date:

Supporting Documents Required:

New W9

New License

New Certificate of Liability

NPI Enumeration Email / Letter