BlueCross BlueShield of Oklahoma

Provider Disclosure of Ownership and Control Interest Form

Name of Entity/Individual	TIN	NPI

1. Has the disclosing provider, or any "person who has ownership or control interest" in the disclosing provider, or any person who is an "agent" or "managing employee" of the disclosing provider, been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs? (Definitions may be found at 42 CFR Sections 101, et seq.). If yes, give the name(s) of person(s) and description(s) of offense(s). Please use additional pages if necessary:

Name	TIN	Date of Birth	Description

2. Definition: A managing employee is a "general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization, or agency." (42 CFR section 455.101) Managing employees are in a position to exert influence over the conduct of the provider's operations and includes officers, governing boards, or board of directors.

Name	TIN	Address	Date of Birth

3. Provide the name and address of each person with an ownership or control interest in the disclosing provider or in any subcontractor in which the disclosing provider has direct or indirect ownership of five percent or more. For corporations that have an ownership or control interest in the disclosing entity, please separately list its primary business address, every business location and Post Office Box address. Please use additional pages if necessary:

Name	TIN	Address	Date of Birth

4. Is any person named in question #3 related to another as spouse, parent, child, or sibling? If yes, give the name(s) of person(s) and relationship(s). Please use additional pages if necessary. *NOTE: Designate relationship to each person listed in question #3 by using A., B., C., etc.*

Name	Relationship

Certification:

I certify that the above disclosed information is true and correct to the best of my knowledge as of the date set forth below.

_____
Signature

_____
Date

_____
Title

_____
Position

_____
Printed name