

## **Georgia Medicaid Disclosure of Ownership and Control Interest and Criminal Conviction Information**

### **DEFINITIONS:**

**Agent** means any person who has been delegated the authority to obligate or act on behalf of a Provider. 42 C.F.R. § 455.101.

**Convicted or Conviction** means that a judgment of conviction has been entered by a Federal, State, or local court, regardless of whether an appeal from that judgment is pending. 42 C.F.R. § 455.2.

**Convicted of a Criminal Offense** – for purposes of this form means,

- (a) When a judgment of conviction has been entered against the individual or entity by a Federal, State, or local court, regardless of whether there is an appeal pending or whether the judgment of conviction or other record relating to criminal conduct has been expunged;
- (b) When there has been a finding of guilt against the individual or entity by a Federal, State, or local court;
- (c) When a plea of guilty or nolo contendere by the individual or entity has been accepted by a Federal, State, or local court;
- (d) When the individual or entity has entered into participation in a first offender, deferred adjudication, or other arrangement or program where judgment of conviction has been withheld. 42 U.S.C.A § 1320a-7(i).

**Disclosing Entity** means a Medicaid Provider (other than an individual practitioner or group of practitioners), or a fiscal agent. 42 C.F.R. § 455.101.

**Fiscal Agent** means a contractor that processes or pays vendor claims on behalf of the Medicaid agency. 42 C.F.R. § 455.101.

**Group of Practitioners** means two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment). 42 C.F.R. § 455.101. Common location means Providers share physical office space, for example, 101 Main Street, Suite A.

**Indirect Ownership** means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity. 42 C.F.R. § 455.101.

**Individual Practitioner** means a solo physician or non-physician practitioner; who has not reassigned Medicare/Medicaid payments to a group practice or disclosing entity.

**Managed Care Entity (MCE)** means managed care organizations (MCOs), PIHPs, PAHPs, PCCMs, and HIOs. 42 C.F.R. §455.101

**Managing Employee** means 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 operation of an institution, organization, or agency. 42 C.F.R. § 455.101.

**Medicaid Agency** means the Georgia Department of Community Health.

**Other Disclosing Entity** means any other Medicaid Disclosing Entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- (a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- (b) Any Medicare intermediary or carrier;
- (c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act. 42 C.F.R. § 455.101.

**Ownership Interest** means the possession of equity in the capital, the stock, or the profits of the disclosing entity. 42 C.F.R. § 455.101.

In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the Disclosing Entity's assets used to secure the obligation. For example, if Dr. Smith owns 10 percent of a mortgage secured by 60 percent of Dr. Murray's assets, Dr. Smith's interest in Dr. Murray's assets equates to 6 percent and must be reported. Conversely, if Dr. Brad owns 40 percent of a mortgage secured by 10 percent of Dr. Jolie's assets, Dr. Brad's interest in Dr. Jolie's assets equates to 4 percent and need not be reported. 42 C.F.R. § 455.102.

**Person with an Ownership or Control Interest** means a person or entity that:

- (a) Has an ownership interest totaling five (5) percent or more in a Disclosing Entity;
- (b) Has an indirect ownership interest equal to five (5) percent or more in a Disclosing Entity;
- (c) Has a combination of direct and indirect ownership interests equal to five (5) percent or more in a Disclosing Entity;
- (d) Owns an interest of five (5) percent or more in any mortgage, deed of trust, note, or other obligation secured by the Disclosing Entity if that interest equals at least five (5) percent of the value of the property or assets of the Disclosing Entity;
- (e) Is an officer or director of a Disclosing Entity that is organized as a corporation; or
- (f) Is a partner in a Disclosing Entity that is organized as a partnership. 42 C.F.R. § 455.101.

**Provider Entity** means, for the purposes of this form, any Disclosing Entity, Other Disclosing Entity, Managed Care Entity, Fiscal Agent, or Group of Practitioners required to disclose Ownership, Control Interest, and Criminal Conviction information using this form.

**Provider Person** means, for the purposes of this form, any Individual Practitioner required to disclose Ownership, Control Interest, and Criminal Conviction information using this form.

**Responsible Party** means an individual with legal authority to bind the Disclosing Entity or Other Disclosing Entity, for example, a managing partner or corporate president.

**Significant Business Transaction** means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of

\$25,000 and five (5) percent of a provider's total operating expenses. 42 C.F.R. § 455.101.

**Subcontractor** for the purposes of this form means:

- (a) An individual, agency, or organization to which a Provider Entity has contracted or delegated some of its management or administrative functions or responsibilities of providing medical care to its patients; i.e. billing, case management, utilization review, etc.; or
- (b) An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement. 42 C.F.R. § 455.101.

**Supplier** for the purposes of this form means an individual, agency, or organization from which your organization purchases goods and services with Medicaid funds used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm). 42 C.F.R. § 455.101.

**Wholly owned supplier** means a supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider. 42 C.F.R. § 455.101.

## GEORGIA MEDICAID DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT AND CRIMINAL INFORMATION

### INSTRUCTIONS:

Please complete the following information applicable to the Provider Entity or Provider Person required to provide this information pursuant to 42 C.F.R. §455.104. If the information requested does not apply, please type N/A. Add more rows if needed.

### ITEM I. Identifying Information

(1) Name and DBA Name, National Provider Identifier (NPI(s)) (if applicable), Federal Tax Identification Number(s) (TIN), and Medicaid Provider Identification Number(s) (if applicable):

Provider Entity Name(s)	DBA Name(s)	NPI(s)	TIN(S)	Medicaid ID Number
CareSource Georgia Co.	N/A	N/A	47-2408339	003216643 400750001 400750091

(2) Primary Business Address, and all P.O. Boxes and business locations:

Street Address/P.O Box	City/County/State	Zip Code (5+4)	Telephone Number
600 Galleria Parkway, Suite 400	Atlanta, Georgia (Cobb County)	30339-8146	(678) 214-7500
7402 Hodgson Memorial Drive, Suite 115	Savannah, Georgia (Chatham County)	31406-2534	(678) 214-7300

(3) Name, National Provider Identifier (NPI(s)) (if applicable), Social Security Number (SSN), DOB, and Medicaid ID Numbers (if applicable):

Provider Person Name	NPI(s)	SSN(s)	DOB	Medicaid ID Number
N/A				

(4) Check Business/Organization Type:

- ☐ Are you the only Provider Person in your practice?
- ☐ Do you practice with other Provider Persons in all the same location(s)?
- X ☐ Are you in any other practice type? – Managed Care Entity

**ITEM II. Ownership and Control Information**

(1) List the name, address, Date of Birth (DOB), SSN, and percentage owned for each person with an Ownership or Control Interest of five (5) percent or more in the Provider Entity. List the name, primary business address, tax identification number, and percentage of ownership or control in the Provider Entity. In addition, list the same information for any Subcontractor in which the Provider Entity has a 5 percent or more Ownership or Control Interest. If you are an Individual **AND** you are a solo Practitioner and you own 100 percent of your practice then you should just list yourself as 100% owner.

Name	SSN	DOB	% of Ownership or Control	Address	City/County/State	Zip Code (5+4)	Telephone Number
CareSource	EIN – 31-1703368	N/A	100%	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 224-3300

(2) List the name, address, DOB, and SSN of each Person who is a Managing Employee of the Provider Entity.

Name	SSN	DOB	Address	City/County/State	Zip Code (5+4)	Telephone Number
Erhardt H. Preitauer	██████	██████	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 531-3335
Lawrence R. Smart	██████	██████	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 531-3310
Jason M. Bearden	██████	██████	600 Galleria Parkway, Suite 400	Atlanta, Georgia (Cobb County)	30339-8146	(501) 255-7103
Scott R. Markovich	██████	██████	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 487-5558
Edward L. Stubbers	██████	██████	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	
Stephanie A.	██████	██████	230 N. Main Street	Dayton, Ohio	45402-1263	(937) 531-

Williams				(Montgomery County)		3734
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(3) List whether any of the persons named in Item II(1) is related to another as a spouse, parent, child, or sibling. List whether any of the persons in Item II(1) with an Ownership or Control Interest in any Subcontractor in which the Provider Entity has a 5 percent or more interest is related to another with Ownership or Control Interest in the Provider Entity as a spouse, parent, child, or sibling.

Name	SSN	Relationship
None		

(Add more rows if needed)

(4) List the name, address, and TIN of any other Provider Entity in which a Person with an Ownership or Control Interest in this Provider Entity also has an Ownership or Control Interest.

Name	TIN(s)	Address (no P.O. Boxes)	City/County/State	Zip Code (5+4)	Telephone Number
CareSource Ohio, Inc.	31-1143265	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 224-3300
CareSource Kentucky Co.	46-4991603	101 Enterprise Drive	Frankfort, Kentucky (Franklin County)	40601-8585	(502) 213-4700
CareSource Indiana, Inc.	32-0121856	251 North Illinois Street, Suite 300	Indianapolis, Indiana (Marion County)	46204-1929	(317) 982-6400
CareSource West Virginia Co.	47-3028244	400 Washington Street East, Suite 401	Charleston, West Virginia (Kanawha County)	25301-1509	(681) 319-9555
CareSource Management Services LLC	31-1703371	230 N. Main Street	Dayton, Ohio (Montgomery County)	45402-1263	(937) 224-3300
CareSource PASSE LLC	86-3112470	425 W. Capitol Avenue, Suite 3000	Little Rock, Arkansas (Pulaski County)	72201-3595	(501) 255-7100
CareSource Arkansas Health Plan Co.	84-4476729	425 W. Capitol Avenue, Suite 3000	Little Rock, Arkansas (Pulaski County)	72201-3595	(501) 255-7100
CareSource Iowa Co.	88-1429834	699 Walnut Street, Suite 425	Des Moines, Iowa (Polk County)	50309-3929	Not Yet Established
Columbus Medical Services LLC	75-2690132	350 Sentry Parkway, Building 620, Suite 120	Blue Bell, Pennsylvania (Montgomery County)	19422-2315	(800) 229-5116
CareSource Oklahoma Health	85-4038326	201 Robert S. Kerr	Oklahoma City,	73102-4203	Not Yet

Plan Co.		Avenue, Suite 600	Oklahoma		Established
CareSource Bayou Health LLC	88-3401520	2929 Allen Parkway, Suite 1300	Houston, Texas	77019-6300	Not Yet Established
CareSource Kansas LLC	87-3411276	701 SW Jackson, Suite 220	Topeka, Kansas	66603-3729	Not Yet Established
CareSource North Carolina Co.	87-3079479	28 Schenck Parkway, Building 2B, Office 231	Asheville, North Carolina	28803-5053	Not Yet Established
CareSource Tennessee Co.	87-4254502	150 Third Avenue, Suite 2800	Nashville, Tennessee	37201-2017	Not Yet Established
CareSource Florida Co.	88-3601120	50 N. Laura St., Suite 2500	Jacksonville, Florida	32202-3646	Not Yet Established
HAP CareSource	38-3123777	2850 W. Grand Blvd.	Detroit, Michigan	48202	(833) 230-2053

(Add more rows if needed)

(5) Has there been a change in ownership or control within the last year? ☐ Yes ☒ No(6) Do you anticipate any change in ownership or control within the year? ☐ Yes ☒ No(7) Do you anticipate filing for bankruptcy within the year?  
If yes, when? ☐ Yes ☒ No(8) Is this facility operated by a management company, or leased in whole or part by another organization?  
If yes, give date of change in operations. ☒ Yes ☐ No(9) Has there been a change in Administration, Director of Nursing or Medical Director within the last year? ☒ Yes ☐ No ☐ N/A(10) Is this facility chain affiliated? (If yes, list name, address of Corporation, and EIN). ☐ Yes ☐ No ☒ N/A

Name	Address	EIN
N/A		

(Add more rows if needed)

(11) If the answer to question ten (10) is No, was the facility ever affiliated with a chain?  
(If yes, list Name, Address or Corporation and EIN). ☐ Yes ☒ No ☐ N/A

Name	Address	EIN



N/A		
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(Add more rows if needed)

**(12)** List owners of subcontractors that you have had business transactions with totaling more than \$25,000 during the past 12 months.

Name	Address	EIN
CSS Health - ProCare MOT Buyer, LLC - ProCare LTC Holding, LLC - ProCare LTC Parent, LLC - ProCare LTC Intermediate Holdings, LLC - Mesriow Financial Private Equity Fund VII-B, LP - SCP IV AIV VI LP (Sverica Fund IV) - Sverica Capital Partners V-A LP (Sverica Fund V-A) - Hammad Shah (CEO) - Terrye Enslow (CFO)	- 1921 Gallows Road, Suite 210, Vienna, VA 22182 - 230 Sea Lane, Farmingham, NY 11785 - 230 Sea Lane, Farmingham, NY 11785 - One Boston Place, Suite 3910, Boston, MA 02108 - 353 Clark Street, Chicago, IL 60654 - One Boston Place, Suite 3910, Boston, MA 02108 - One Boston Place, Suite 3910, Boston, MA 02108 - 1051 Harrison Garret Court, Great Falls, VA - 5205 Harvest Glen Drive, Glen Drive VA 23059	- [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Skygen USA, LLC - Grambino Technologies LLC - MOA Investments LLC - Scion Holdings Inc.	- W140N8981 Lilly Rd. Menomonee Falls, WI 53051 - W140N8981 Lilly Rd. Menomonee Falls, WI 53051 W140N8981 Lilly Rd. Menomonee Falls, WI 53051	- [REDACTED] [REDACTED] [REDACTED]
United Communications Inc. - Lee Kirkwood - Rosemary Kirkwook - Tom Clines	- 9175 Torrefino Ct, Naples, FL 34109 - 9175 Torrefino Ct. Naples, FL 34109 - 6602 Old Heady Rd, Louisville, KY 40218	[REDACTED]
O'Neil Digital Solutions, LLC - O'Neil Capital Management Inc.	- 12655 Beatrice St Los Angeles, CA 90066	- [REDACTED]
Express Scripts		



<ul style="list-style-type: none"> <li>- Evernorth Health Inc.</li> <li>- Cigna Corporation</li> </ul>	<ul style="list-style-type: none"> <li>- Once Express Way, St. Louis, MO 63121</li> <li>- 900 Cottage Grove Rd, Bloomfield, CT 06002</li> </ul>	<ul style="list-style-type: none"> <li>- [REDACTED]</li> <li>- [REDACTED]</li> </ul>
NantHealth, Inc. <ul style="list-style-type: none"> <li>- NantWorks, LLC</li> <li>- NHealth Holdings, Inc. (KIA)</li> <li>- KHealth Holdings, Inc. (KIO)</li> </ul>	<ul style="list-style-type: none"> <li>- 9920 Jefferson Blvd., Culver City, CA 90232</li> <li>- Ministries Complex, Block 3, Safat, Kuwait 13001</li> <li>- 15 Carter Lane, London United Kingdom, EC4V5EY</li> </ul>	<ul style="list-style-type: none"> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> </ul>
National Imaging Associates Inc. <ul style="list-style-type: none"> <li>- Evolent Health LLC</li> </ul>	<ul style="list-style-type: none"> <li>- 1812 N Moore St, STE 1705, Arlington, VA 22209</li> </ul>	<ul style="list-style-type: none"> <li>- [REDACTED]</li> </ul>
TurningPoint Healthcare Solutions, LLC <ul style="list-style-type: none"> <li>- Summit Partners Growth Equity</li> <li>- SP GE X-B Titan Holdings, L.P. 87-1747692 8.03%</li> <li>- Summit Partners Co-Invest (Titan), L.P.</li> <li>- Summit Partners Growth Equity Fund XI-A, L.P.</li> <li>- SP GE XI-B Titan Holdings, L.P.</li> <li>- Middlefield Road Private Opportunities Fund, L.P.</li> <li>- AMP Associates, LLC</li> <li>- TurningPoint Solutions Corp.</li> <li>- Stillwaters Partners, LLC</li> </ul>	<ul style="list-style-type: none"> <li>- 222 Berkley St., 18<sup>th</sup> Floor, Boston, MA 02116</li> <li>- 222 Berkley St., 18<sup>th</sup> Floor, Boston, MA 02116</li> <li>- 222 Berkley St., 18<sup>th</sup> Floor, Boston, MA 02116</li> <li>- 222 Berkley St., 18<sup>th</sup> Floor, Boston, MA 02116</li> <li>- 222 Berkley St., 18<sup>th</sup> Floor, Boston, MA 02116</li> <li>- 222 Berkley St., 18<sup>th</sup> Floor, Boston, MA 02116</li> <li>- 601 Lexington Ave, 55th Floor, New York, NY 10022</li> <li>- 1000 Primera Blvd, Ste 3160, Lake Mary, FL 32746</li> <li>- 601 Lexington Ave, 55th Floor, New York, NY 10022</li> </ul>	<ul style="list-style-type: none"> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> <li>- [REDACTED]</li> </ul>
Versant <ul style="list-style-type: none"> <li>- Block Vision Holdings Corp.</li> <li>- Superior Vision Holdings, Inc</li> </ul>	<ul style="list-style-type: none"> <li>- 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090</li> <li>- 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090</li> </ul>	<ul style="list-style-type: none"> <li>- [REDACTED]</li> <li>- [REDACTED]</li> </ul>

- Versant Health Consolidations Corp	- 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090	- [REDACTED]
- Versant Health Holdco, Inc.	- 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090	[REDACTED]
- Versant Health, Inc.	- 881 Elkridge Landing Rd., Suite 300, Linthicum Heights, MD 21090	[REDACTED]
- MetLife, Inc.	- 200 Park Avenue, New York, NY 10166	[REDACTED]

(Add more rows if needed)

**ITEM III. Business Transaction Information**

(1) List the name, address, DOB (if applicable), SSN (if applicable), and TIN (if applicable) for any subcontractor with whom the Provider Entity has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request.

Name	SSN	DOB	TIN(s)	Address (no P.O. Boxes)	City/State	Zip (5+4)
Avalon Client Services, LLC			[REDACTED]	3405 W. Dr. Martin Luther King Jr. Blvd. Suite 200	Tampa, FL	33607
CSS Health			[REDACTED]	701 Seneca Street, Suite 205	Buffalo, NY	14210
Express Scripts			[REDACTED]	1 Express Way	St. Louis, MO	63121
NantHealth, Inc.			[REDACTED]	3000 RDU Center Drive, Suite 200	Morrisville, NC	27560
National Imaging Associates Inc.			[REDACTED]	4801 E. Washington St., Suite 100	Phoenix, AZ	85034
TurningPoint Healthcare Solutions, LLC			[REDACTED]	1000 Primera Blvd, Ste 3160,	Lake Mary, FL	32746
O'Neil Digital Solutions LLC			[REDACTED]	12655 Beatrice Street	Los Angeles, CA	90066
Skygen USA, LLC			[REDACTED]	W140N8981 Lilly Rd.	Menomonee Falls, WI	53051
United Communications Inc			[REDACTED]	4410 Bishop Lane, Suite 100	Louisville, KY	40218
Versant			[REDACTED]	11090 White Roack Road Suite 175	Rancho Cordova, CA	95670

(Add more rows if needed)

(2) List any significant business transactions between the Provider Entity and any Subcontractor, or Wholly Owned Supplier, during the 5-year period ending on the date of the request.

Date of Transaction	Person or Entity Name	Amount of Transaction
2024	CareSource Management Services LLC	\$60,878,037 (Jan. through May)
2023	CareSource Management Services LLC	\$171,095,018
2022	CareSource Management Services LLC	\$145,331,755
2021	CareSource Management Services LLC	\$115,945.282
2020	CareSource Management Services LLC	\$86,552,950
2019	CareSource Management Group Co.	\$69,135.312

(Add more rows if needed)

#### ITEM IV. Criminal Offense Information

(1) Answer the following questions by checking “Yes” or “No”. If any of the questions are answered “Yes”, list names and addresses of individuals or corporations under “Remarks”. Identify each item number to be continued.

- a. Are there individuals or organizations having a direct or indirect ownership or control interest of five (5) percent or more in the Provider Entity that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established by Medicare, Medicaid, or Social Security Block Grants? ☐ Yes ☒ No
- b. Are there any directors, officers, agents, or managing employees of the institution, agency or the organization who have ever been convicted of a criminal offense related to their involvement in any program established by Medicare, Medicaid, or Social Security Block Grants? ☐ Yes ☒ No

(2) List the name, home address, DOB, and SSN of each Person with an Ownership or Control Interest in the Provider Entity or is an Agent or Managing Employee of the Provider Entity, that has 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.

Name	Home Address	SSN	DOB	Time Frame of the Offense	Matter of the Offense	Jurisdiction and Date of the Conviction	Program Area of the Offense	Sanction Period of the Offense
None								

(Add more rows if needed)

**(3)** On behalf of the Provider Person, have you ever been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.    ☐ Yes ☒ No

If “Yes” is checked, provide the name of the Federal District of conviction for a federal offense(s): \_\_\_\_\_ and/or the County name of Conviction for State offense(s):\_\_\_\_\_.

If “Yes” is checked, provide the following information:

Name	SSN	TIN(s)	Time Frame of the Offense	Matter of the Offense	Date of the Conviction	Program Area of the Offense	Sanction Period of the Offense

(Add more rows if needed)

The State or Federal Medicaid agency may refuse to enter into, renew, or terminate an agreement with a Provider if it is determined that a Provider did not fully, accurately, and truthfully make the disclosures required by this statement. Additionally, false statements or representations of the

required disclosures may be prosecuted under applicable federal or state laws. 42 C.F.R. § 455.106.

**SIGNATURE:**

If this form is being completed for a Provider Entity, the signature of a Responsible Party for business is required below. This form **MUST** be signed by the Provider Person if being filled out by an Individual Practitioner. If the form is being filled out for a Provider Entity the signature below **MUST** be that of a Responsible Party, an individual with the legal authority to bind the Provider Entity.

Lawrence R. Smart / Chief Financial Officer  
Name of Authorized Representative (Printed) Title

 / 6/26/2024  
Si EB02CE57C22B43B... Date

Remarks (add additional sheets of necessary):