

Pharmacy Provider Enrollment Application

Appendix A | Principal/Subcontractor Information

A separate copy of this form must be completed in full for each Principal or Subcontractor of the Applicant.

A Principal of the Applicant is defined as follows:

- All owners with a direct or indirect ownership or control interest of 5 percent or more.
- All corporate officers and directors, all limited and non-limited partners, and all shareholders of a provider entity (including a professional corporation, professional association, or limited liability company).
- All managing employees or agents who exercise operational or managerial control or who directly or indirectly manage the conduct of day-to-day operations of the pharmacy business; this includes the pharmacist in charge.
- All individuals, companies, firms, corporations, employees, independent contractors, entities or associations who have been expressly granted the authority to act for or on behalf of the provider.

A Subcontractor of the Applicant is defined as follows:

- An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- 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

All fields must be completed with the correct answer that applies to the Principal or Subcontractor.

Mark the boxes that are applicable:

<input type="checkbox"/> Person	<input checked="" type="checkbox"/> Entity	<input checked="" type="checkbox"/> Principal	<input type="checkbox"/> Subcontractor
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If **Entity** then complete the following fields:

Legal name as shown on the W9 IRS form				
ABC Pharmacy, Inc				
Company				
ABC Pharmacy				
Address as shown on the W9 IRS form		City	State	Zip
555 Oakwood Way		Austin	Tx	78701

Do you conduct business under an assumed name?

<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes , provide name:	
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If **Person** then complete the following fields:

Last Name	First Name & Middle Initial	Maiden Name
Identify any other alias, name, or forms of your name ever used		

The following information must be completed by all Principals (including Creditors with a security interest in a debt that is owed by an Applicant if the creditor's security interest is protected by at least 5% of the property) and Subcontractors. For additional names or addresses, attach pages as necessary.

Pharmacy Provider Enrollment Application

ABC Pharmacy, Inc

Physical address		City	State	Zip
555 Oakwood Way		Austin	Tx	78701
Accounting/billing address		City	State	Zip
555 Oakwood Way		Austin	Tx	78701
Previous physical address		City	State	Zip
Previous accounting/billing address		City	State	Zip
If your accounting address is different than your physical address, indicate your relationship to the accounting address:				
<input type="checkbox"/> Billing agent <input type="checkbox"/> Management company <input type="checkbox"/> Employer <input type="checkbox"/> Self				
<input type="checkbox"/> Other; explain:				
DOB	Gender	Social Security Number		Federal tax id number
	<input type="checkbox"/> M <input type="checkbox"/> F			00-0000000
Specialty of practice (i.e., pediatrics, general practice, etc.)			Medicare intermediary (if applicable)	
Retail Pharmacy				
Medicare provider number (if applicable)			Medicare effective date (if applicable)	
Driver's license number			State	Expiration date
Your title/position in the Applicant organization for which enrollment is being sought:				
Owner				
Your duties to the Applicant organization (attach additional sheets if necessary):				
Owner				
Your role in the Applicant organization. Examples are Accountant, Agency, Attorney, Banker, Bookkeeper, Business, Care Giver, Consultant, Contractual, Corporate Officer, Director, Doctor, Elected Official, Employee, Employer, Government Official, Individual (Contracted), Individual (Fiscal Agent), Limited Partner, Managing Employee, Medical Director, Non-Limited Partner, Nurse, Official, Owner (Direct), Owner (Indirect) Parent, Recruiter, Representative, Shareholder, Subcontractor, or Unknown (attach additional sheets if necessary).				
Owner				
Effective date of your role in the provider organization				05/30/2015
Do you have a relationship with a separate provider?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pharmacy Provider Enrollment Application

ABC Pharmacy, Inc

Do you have one or more professional licenses, accreditations, or certifications?

No Yes

If **yes**, provide the following information:

	Professional Licensing or Certification Board	License Accreditation Cert. Issuer	License Accreditation Cert. Nbr.
1	Texas State Board of Pharmacy	Texas State Board of Pharmacy	00000
	Licensing State	Issue Date	Expiration Date
	Texas	01/01/2018	01/01/2020
2	Professional Licensing or Certification Board	License Accreditation Cert. Issuer	License Accreditation Cert. Nbr.
	Licensing State	Issue Date	Expiration Date
3	Professional Licensing or Certification Board	License Accreditation Cert. Issuer	License Accreditation Cert. Nbr.
	Licensing State	Issue Date	Expiration Date
4	Professional Licensing or Certification Board	License Accreditation Cert. Issuer	License Accreditation Cert. Nbr.
	Licensing State	Issue Date	Expiration Date

Have you ever been sanctioned in any state or federal program? "Sanction" is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action. Yes No

- If **Yes**, fully explain the details, including date, the state where the incident occurred, the agency taking the action, and the program affected (attach additional sheets if necessary).

Is your professional license or certification currently revoked, suspended or otherwise restricted? Yes No

Have you ever had your professional license or certification revoked, suspended, or otherwise restricted? Yes No

Are you currently, or have you ever been, subject to a licensing or certification board order? Yes No

Have you voluntarily surrendered your professional license or certification in lieu of disciplinary action? (You may be subject to a license or certification verification/status check with your licensing or certification board.) Yes No

- If **Yes** was answered to any of these questions, fully explain the details, including date, the state where the incident occurred, name of the board or agency, and any adverse action against your license (attach additional sheets if necessary).

Pharmacy Provider Enrollment Application

ABC Pharmacy, Inc

<p>Are you currently or have you ever been subject to the terms of a settlement agreement, corporate compliance agreement or corporate integrity agreement in relation to any state- or federally-funded program?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Do you currently have any outstanding debt in relation to any state- or federally-funded program?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>• If Yes was answered to any of these questions, fully explain the details, including date, the state where the incident occurred, and name of the board or agency (attach additional sheets if necessary).</p>	
<p> </p>	
<p>Are you currently charged with or have you ever been convicted of a crime (excluding Class C misdemeanor traffic citations)? To answer this question, use the federal Medicaid/Medicare definition of "Convicted" in 42 C.F.R. § 1001.2 as described below, and which includes deferred adjudications and all other types of pretrial diversion programs. You may be subject to a criminal history check.</p> <hr/> <p>"Convicted" means that:</p> <p>(a) A judgment of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:</p> <p>(1) There is a post-trial motion or an appeal pending, or</p> <p>(2) The judgment of conviction or other record relating to the criminal conduct has been expunged or otherwise removed;</p> <p>(b) A Federal, State or local court has made a finding of guilt against an individual or entity;</p> <p>(c) A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual or entity, or</p> <p>(d) An individual or entity has entered into participation in a first offender, deferred adjudication or other program or arrangement where judgment of conviction has been withheld.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Have you been arrested for a crime but not yet charged?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Is there an outstanding warrant for arrest?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>• If Yes, fully explain the details, including date, the state and county where the conviction occurred, the cause number(s), and specifically what you were convicted of (attach additional sheets if necessary).</p>	
<p> </p>	
<p>Are you currently subject to court ordered child support payments?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Are you a citizen of the United States?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>• If No, provide the country of which you are a citizen.</p>	<p> </p>
<p>If you are not a citizen of the United States, do you have a legal right to work in the United States?</p>	
<p>• If Yes, attach a copy of your United States Permanent Resident Card, visa, or other documentation demonstrating your right to reside and work in the United States.</p>	