



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
BUSINESS ORGANIZATIONAL STRUCTURE

PLEASE TYPE OR PRINT CLEARLY

LEGAL PROVIDER NAME AS FILED WITH THE SECRETARY OF STATE, INCLUDING DBA NAME (Sole Proprietors: Include Name and DBA name)

Legal Name including DBA:	NPI
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If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete all the appropriate following section(s).

NEW EFFECTIVE:
 UPDATE (add/change/delete) EFFECTIVE:
 REVALIDATE EFFECTIVE:
 CHANGE OF OWNERSHIP (CHOW) EFFECTIVE:

- Complete **ONLY ONE** of the following sections (I, II, III, IV or V)
- Attach additional sheets, if necessary
- Attach the documents as indicated for the completed section
- Signature required on page 3

SECTION I: SOLE PROPRIETOR

- ☞ Attach the following:
- Registration of Fictitious Name (if applicable)

The legal business name must match the IRS Employee Identification Number letter, the same person can be listed as both owner and managing employee.

PART I – OWNER

OWNER'S NAME		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	EIN
ADDRESS		
CITY, STATE, ZIP		

PART 2 – MANAGING EMPLOYEE(S)

NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS	
CITY, STATE, ZIP	

SECTION II: PARTNERSHIP

☞ Attach Registration of Fictitious Name (if applicable) and Partnership Agreement

NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN	DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
GENERAL INTEREST IN PARTNERSHIP %		GENERAL INTEREST IN PARTNERSHIP %	
NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN	DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
GENERAL INTEREST IN PARTNERSHIP %		GENERAL INTEREST IN PARTNERSHIP %	

SECTION III: CORPORATION

For Profit Not For Profit

↳ Attach the following:

- Articles of Incorporation;
- Current Certificate of Good Standing; and
- Registration of Fictitious Name (if applicable)

PART I – OFFICERS (Attach additional sheets, if necessary)

PRESIDENT		VICE PRESIDENT	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
SECRETARY		TREASURER	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

PART II – DIRECTORS (Attach additional sheets, if necessary)

NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

PART III – MANAGING EMPLOYEES (Attach additional sheets, if necessary)

NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

PART IV – STOCKHOLDERS (N/A FOR NON-PROFIT) (Attach additional sheets, if necessary)

NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN	DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PERCENTAGE OF STOCK HELD	%	PERCENTAGE OF STOCK HELD	%
NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN	DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PERCENTAGE OF STOCK HELD	%	PERCENTAGE OF STOCK HELD	%

SECTION IV: LIMITED LIABILITY COMPANYCheck the LLC's federal income tax reporting status: SOLE MEMBER MULTIPLE MEMBERS

↳ Attach the following:

- Current Certificate of Good Standing;
- Articles of Organization;
- LLC Operating Agreement;
- LLC Management Agreement (if applicable); and
- Registration of Fictitious Name (if applicable)

The managers and members listed must agree with the IRS Employee Identification Number letter, the operating agreement and the Management Agreement (if applicable). The same person/people can be listed as both manager(s) and member(s).

PART I – MANAGERS AND EXECUTIVE OFFICERS (Attach additional sheets, if necessary)

NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

PART II – MEMBERS (Attach additional sheets, if necessary)

NAME		NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN	DATE OF BIRTH	SOCIAL SECURITY NUMBER / EIN
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PERCENTAGE OF OWNERSHIP	%	PERCENTAGE OF OWNERSHIP	%

SECTION V: OTHER

Type:

↳ Attach an explanation and verification

SECTION VI: LEGAL DISCLOSUREHas the enrolling entity above, under any current or former name or business identity, ever had a final adverse legal action imposed against it? YES NO

If YES, report each final adverse legal action, when it occurred, the Federal or State Agency or the court/administrative body that imposed the action, and the resolution, if any.

Attach a copy of the final adverse legal action documentation and resolution.

FINAL ADVERSE LEGAL ACTION	DATE	TAKEN BY	RESOLUTION

Contact Name:**Contact email address:****Contact phone #:****SIGNATURE**

In Affirmation thereof, the facts stated above are true and correct: (The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

AUTHORIZED SIGNATURE (form will not be accepted without signature)

DATE

