



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:

- Attach the documents as indicated for the completed section
- Attach additional sheets, if necessary
- **Complete ONLY ONE of the following sections (I, II, III, IV or V)**
- Manager or owner 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	CITY	ADDRESS	CITY
STATE	ZIP	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	CITY	ADDRESS	CITY
STATE	ZIP	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	CITY	ADDRESS	CITY
STATE	ZIP	STATE	ZIP
SECRETARY		TREASURER	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS	CITY	ADDRESS	CITY
STATE	ZIP	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	CITY	ADDRESS	CITY
STATE	ZIP	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	CITY	ADDRESS	CITY
STATE	ZIP	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	CITY	ADDRESS	CITY
STATE	ZIP	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	CITY	ADDRESS	CITY
STATE	ZIP	STATE	ZIP
PERCENTAGE OF STOCK HELD		PERCENTAGE OF STOCK HELD	
%		%	

**SECTION IV: LIMITED LIABILITY COMPANY**Check 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- Not Required for Sole Member LLC;
- 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	CITY	ADDRESS	CITY
STATE	ZIP	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	CITY	ADDRESS	CITY
STATE	ZIP	STATE	ZIP
PERCENTAGE OF OWNERSHIP	%	PERCENTAGE OF OWNERSHIP	%

**SECTION V: PUBLIC ENTITY- CITY, COUNTY, OR STATE ENTITY**

City or county: attach a list of managing employees with name, address, SSN, and DOB information.

State: Attach a confirmation that all managing employees are employees of the State of Missouri. If a contractor is administrating the services, complete a separate Business Organizational Structure form for the contractor.

**SECTION VI: LEGAL DISCLOSURE- MANDATORY FOR ALL BUSINESS TYPES**

I have read 13 CSR 65-2.010 (25) and 13 CSR 65-2.010 (40), the regulations defining the terms "managing employee" and "owner" for the purposes Missouri Medicaid, and I have listed all individuals and/or business entities that meet either definition.

 YES  NO

Has the enrolling entity above, or any managing employee or owner, under any current or former name or business identity, ever had a final adverse legal action, either criminal or civil or regulatory sanction, 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, on separate pages. Attach a copy of the final adverse legal action documentation and 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 PROVIDER SIGNATURE(form will not be accepted without a dated signature from a managing employee or owner that is listed on this form)		DATE
Typed or printed name of signer:	Signature:	