

## **Confidential Questions**

Note: Please attach an explanation on a separate sheet if you have answered <u>"yes"</u> to any of the questions below.

<u>Yes</u>	<u>No</u>	
		Have you lost your board certification, or failed to recertify in the past three (3) years?
		During the past three (3) years, has your license or certificate to practice medicine or Drug Enforcement Administration registration in any state or jurisdiction been challenged, denied, reduced, limited, suspended, revoked, placed on probation, not renewed, voluntarily or involuntarily relinquished, or is any such action pending?
		Have you been convicted of a felony in the past three (3) years?
		Has Medicare, Medicaid, or any other local, state or federal government program brought formal charges against you for alleged inappropriate fees or Quality o Care issues in the past three (3) years?
		In the past three (3) years have any claims or damages arising out of medica malpractice been made against you, or has any professional liability lawsuit beer filed against you?
		In the past three (3) years have you been the subject of any reports to a state or federal databank?
		Do you now have or have you had in the past three (3) years any physical of mental limitations (including drug or alcohol dependency) treated or untreated which in any way impairs your ability to practice to the fullest extent of you licensure and qualifications, with or without reasonable accommodations according to accepted standards of professional performance and without posing a direct threat to patients?
		Has your professional liability coverage been restricted, limited, denied or nonrenewed in the past three (3) years?
		Has any hospital, facility, HMO, or other health plan limited, denied, revoked, or restricted your professional privileges in the past three (3) years?

Date



# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 N	ame (as shown on your income tax return). Name is required on this line; do not leave this line blank.						-					
	<b>2</b> B	usiness name/disregarded entity name, if different from above											
s on page 3.		neck appropriate box for federal tax classification of the person whose name is entered on line 1. Che llowing seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	ck only <b>c</b>			o ir	erta Istru	emption in entitions actions	es, n on pa	ot i age	ndividu 3):		
jon jon	$  \Box$	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners	hin)			-	VCIII	рг рауе	e co	ue	(II ally) _		
Print or type. Specific Instructions on page		Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	ner. Do wner of the	ne Ll	LC is	_		ption fr (if any)		FAT	CA rep	orting	I
ecif	П	Other (see instructions) ▶				(A	pplies	s to accour	nts ma	intai	ned outsid	e the U	.S.)
See <b>Sp</b>	5 A							and address (optional)					
0,	<b>6</b> C	ty, state, and ZIP code											
	<b>7</b> Li	st account number(s) here (optional)											
Par	tΙ	Taxpayer Identification Number (TIN)											
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo		Soc	cial s	ecur	ity ı	number					
backup withholding. For individuals, this is generally your social security number (SSN). However, for resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>							-			-			
TIN, la			г	or -						_			1
		account is in more than one name, see the instructions for line 1. Also see What Name a Give the Requester for quidelines on whose number to enter.	and [	Em	ploy	er identification number							]
		,				-							
Par	t II	Certification											
	•	alties of perjury, I certify that:											
2. I an Ser	n not vice	ber shown on this form is my correct taxpayer identification number (or I am waiting for a subject to backup withholding because: (a) I am exempt from backup withholding, or (b) IRS) that I am subject to backup withholding as a result of a failure to report all interest or subject to backup withholding; and	I have r	ot b	een	noti	fiec	by the	e Int	err			
3. I an	n a U	S. citizen or other U.S. person (defined below); and											
4. The	FAT	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is corr	ect.									
you ha	ave fa sition	n instructions. You must cross out item 2 above if you have been notified by the IRS that you like to report all interest and dividends on your tax return. For real estate transactions, item 2 per abandonment of secured property, cancellation of debt, contributions to an individual retire interest and dividends, you are not required to sign the certification, but you must provide you	does no ement ar	t ap	ply. I	For r ent (II	nor RA)	tgage ii , and g	ntere ener	est ally	paid, /, payn	nents	
Sign Here		Signature of U.S. person ► D	ate ►										

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# Disclosure of Ownership and Control Interest Statement for the NovaSys Health network maintained by Arkansas Health and Wellness

The federal regulations set forth in 42 CFR 455.104, 455.105 and 455.106 require providers who are executing a provider agreement or submitting a provider application to disclose to managed care organizations that contract with the state Medicaid agency: 1) the identity of all persons with an ownership or control interest (e.g., has an ownership interest of 5% or more in a disclosing entity, is an officer or director of a disclosing entity organized as a corporation or a partner of a disclosing entity organized as a partnership, owns an interest of 5% or more in any mortgage. deed of trust, note or other obligation secured by the disclosing entity under certain circumstances, etc.), 2) certain business transactions as described in 42 CFR 455.105 and 3) the identity of any excluded individual or entity with an ownership or control interest in the provider, the provider group, or disclosing entity or who is an agent or managing employee of the provider group or entity. If there are any changes to the information disclosed on this Statement, an updated Statement should be completed and submitted to the NovaSys Health network maintained by Arkansas Health and Wellness within 30 days of the change. Please attach a separate sheet if necessary to provide complete information. Failure to submit the accurate. complete information requested in a timely manner may lead to the termination or denial of enrollment into the network.

Group Practice

☐ Disclosing Entity

☐ Individual Practitioner

#### **Practice Information**

Check one that describes you:

Name of Individual Practitioner, Group P	Practice, or Disclo	sing Entity ("Pr	ovider")	
DBA Name:				
Address:				
TIN or SSN:			NPI:	
Section I: Provider Owne	rship and Co	ontrol Intere	st	
For individuals with an ownership or condition Disclosing Entity that is a corporation, ename, address, date of birth (DOB) and	tc refer to the I	Definition of "pers	on with ownership or control into	
For entities with an ownership or control each entity. (42 CFR 455.104) Attach a			me, Tax Identification Number (	ΓΙΝ), and each address of
Name	DOB (if an individual)		Address	SSN (if an individual) TIN (if an entity)

## **Section II: Subcontractor Ownership and Control Interest**

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## **Section VI: Managing Employees**

	DOB	Address	SSN	% Intere
The undersigne Additions or rev Additionally, the	ed certifies the visions to the cundersigned	sted physician and practitioner.  at the information provided herein, information above will be submitted understands that misleading, inactation for the affected providers.	immediately after sucl	h change.
result iii a deii				
Signature		Title (	or indicate if authorize	ed Agent)

P.O. Box 25538 Little Rock, AR 72221