



Transportation Provider Entity Disclosure of Ownership and Control Interest Form

Because we provide Medicaid transportation, Veyo is required to collect information on ownership and control of your company. Please complete the following:

- The identity of anyone who owns more than 5% of the company;
- Any other companies that you own that do Medicaid work;
- The identity of managing employees; and
- Criminal conviction information for all of the listed people.

This information is required in order to do or continue to do business with Veyo. If you would like to see the formal/legal requirements, please go to 42 CFR 455.100-106.

If there are any changes to the information listed, you must contact Veyo at compliance@veyo.com within 30 days of the change.

GENERAL INFORMATION (REQUIRED)	
Full Name or Legal Name of Company	
DBA Name (if applicable)	
Address	
Social Security or Federal Tax ID Number (EIN)	

Please list the primary owner in Section I and then all others who own or control more than 5% of the company in Section II.

SECTION I – PRIMARY OWNERSHIP (REQUIRED)	
You must list anyone who owns 5% or more of the company.	
For an individual or trust , list the name, title, address, date of birth (DOB) and Social Security Number (SSN).	
For an entity , list the name, Tax Identification Number, business address.	
Name of Individual or Entity (e.g. Company or trust)	
Date of Birth (if individual)	
Address	
Social Security Number (if individual) or Tax Identification Number (if business)	



SECTION II – OTHER OWNER (IF APPLICABLE)

List each individual with more than a 5% ownership in your company.

Name of Individual

Date of Birth

Address

Social Security Number

SECTION III (IF APPLICABLE)

Are any of the individuals listed above related to each other? Yes No

If yes, list the individuals named above who are related to each other (spouse, sibling, parent, child). (42 CFR 455.104)

Name(s)

Type of Relation

Address

SECTION IV (REQUIRED)

Do the owners listed above also own 5% or more of any other companies that provide Medicare/Medicaid services?

Yes No

Name of Owner

Name of other Medicaid/Medicare Provider

Address

Tax ID Number for other Provider

SECTION V (REQUIRED)

Has anyone listed on this document ever been convicted of a crime related to Medicaid, Medicare, or Title XX services?

Yes No

If yes, please list those persons below. (42 CFR 455.106)

Name/Title

Date of Birth

Address

Social Security Number (for individual)



SECTION VI (REQUIRED)

In the past 5 years, have you paid any subcontractor \$25,000 or more in the any 12-month period? Yes No
If yes, list the subcontractor or subcontractors.

Name of Subcontractor

Address

Transaction Amount

I certify that the information provided herein is true and accurate. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in termination of existing provider contracts.

Signature

Title

Name (Please Print Clearly)

Date

Federally Required Disclosures

Federal law requires fiscal agents, managed care entities (MCEs) to disclose some or all of the following: business ownership and control, business transactions, and criminal convictions. See 42 CFR §§ 455.100-106.

Definitions for the following terms that are used in this form are provided here for your convenience. The source of these definitions is 42 CFR § 455.101.

- **Indirect ownership interest** 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.
- **Managed Care Entity (MCE)** means managed care organizations (MCOs), PIHPs, PAHPs, PCCMs, and HIOs, as defined by 42 CFR §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.
- **Ownership interest** means the possession of equity in the capital, the stock, or the profits of the disclosing entity.
- **Person with an ownership or control interest** means a person or corporation that (a) has an ownership interest totaling five percent or more in a disclosing entity; (b) has an indirect ownership interest equal to five percent or more in a disclosing entity; (c) has a combination of direct and indirect ownership interests equal to five percent or more in a disclosing entity; (d) owns an interest of five 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 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.
- **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 percent of a provider's total operating expenses.
- **Subcontractor** means (a) an individual, agency, or organization to which an MCE has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; 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.