

Application Submitted Data

Tracking ID	000-000-002
Application name	Change of Circumstance application
Submitted at	1/3/19, 2:28 PM



Specialty

Specialty
Specialties and subspecialties

Licensure

Licensure, Certification, Accreditation, Endorsement

Have you ever had ownership in any organization that has billed, or is currently billing Medicare or Title XIX program services?

Ownership information

Have you ever managed or directed any organization that has billed or is currently billing Medicare, Title XIX or Title XXI program services?

Managing/directing information

Do you have an ownership interest of 5% or greater in a subcontractor for your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted or delegated some of its management functions)

Subcontractor information

Do any of the members of your immediate family (spouse, parent, child, sibling) have ownership of 5% or greater in a subcontractor to your business or practice?

Relative information

Physical Address

Provider name
Provider address

Edited provider
Dexter Ave



Building, Suite
Zip

Building 1
01643-4586

Mailing Address

Do you bill laboratory services?

Is this mailing address the same as service location?

Physical address(PO box not accepted)

Building, suite

Zip

Billing Address

Is this billing address the same as the service location?

Physical address(PO box not accepted)

Building, suite

Zip

Phone/Fax

Tel/Fax/Email

Phone/Fax

Application contact email

Sanction

1. Have you or any member of your immediate family or household ever been convicted or excluded from the Title XVIII, Title XIX, or Title XX program or any federal program due to fraud, obstruction of an investigation, controlled substance violation?

Name

2. Do you, under any name or business identity, have any outstanding overpayments with Title XIX or any other federal program?

Federal program

3. Have you ever been convicted of a felony under federal or state law?

New field

New field

New field

4. Administrative sanction(s)?

Date of occurrence

5. Professional board disciplinary action(s)?

Date of occurrence

6. Program exclusions?

Date of occurrence

7. Suspension of payments?

Date of occurrence

8. Civil monetary penalty(s)?

Date of occurrence

9. Assessment(s)?

Date of occurrence

10. Program debarment(s)?

Date of occurrence

11. Criminal fine(s)?

Date of occurrence

12. Restitution order(s)?

Date of occurrence

13. Pending civil judgment(s)?

Date of occurrence

14. Pending criminal judgment(s)?

Date of occurrence

15. Judgment(s) pending under the false claims act?

Date of occurrence

Upload Documents

Allowed formats:

Bank account number

Current license

Applicable board certification

National Provider Identifier (NPI)

Trading Partner Agreement

IRS-P575 or W-9

CLIA certification

CMS Provider-Based Facility Designation

Application fee receipt

Additional documents