

UnitedHealthcare disclosure of ownership, management and control interest roster addendum

Addendum to previous Group Disclosure Form/Roster Submission

Provider name

Mailing address

GD#

Group Tax ID Number (TIN)

UnitedHealthcare Community Plan is required to collect disclosure of ownership, controlling interest and management information from providers that participate in the Medicaid and/or the Children's Health Insurance Program (CHIP) managed care network, pursuant to a Medicaid and/or CHIP state contract with the state agency and the federal regulations set forth in 42 CFR Part §455. Providers are required to disclose this information under 42 Code of Federal Regulations §455.100 – §455.106.

Please complete the information below for all individual providers/practitioners that bill under the provider group/facility TIN for Medicaid. The form will be added to your group record on file if it has been signed within the last 3 years. If the form on file is older than 3 years, has outdated information or a form has not previously been supplied, please also supply an updated Provider Entity Disclosure of Ownership, Controlling Interest and Management Statement.

Please email a copy of this form with your notification letter to uhc_disclosures@uhc.com for practitioners to be added to your Disclosure of Ownership Group Record.

Group name

Group address

Group phone number

Group Tax ID Number (TIN)

Group National Provider Identifier (NPI)

Provider name (Last, first and middle initial)	Provider SSN	Provider DOB	Practice address	NPI	Medicaid ID (N/A or "Applied for" is acceptable)
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Contact name* _____

Contact signature* _____

Contact phone _____

Contact email _____

Date _____

Disclosure of Ownership Provider Roster Addendum (11.18)
**Signatory must have the authority to legally bind the group entity.*