

**Please ensure that all sections of this form are completed before submission.**

Federal law requires that individual practitioners providing or seeking to provide services to MassHealth members disclose certain information to MassHealth. See 42 CFR §§ 455.100 – 106, 42 CFR 455.436, and 42 CFR §1002.3. MassHealth requires the submission of tax identification numbers (TINs), e.g., social security numbers (SSNs) or employer identification numbers (EINs), for purposes necessary to properly administer the MassHealth program (see 42 U.S.C. § 1320a-3 and 42 U.S.C. § 405(c)(1)). Unless otherwise instructed by MassHealth, individual practitioners must use this form when disclosing such information to MassHealth.

### SECTION 1: PRACTITIONER INFORMATION

Legal Name of Practitioner: Last					First					Middle Initial				
Date of Birth					National Provider Identifier Number (NPI)					SSN				
Home Street Address														
City					State		Zip							
Tel. #					Fax #									
E-mail														
Preferred Contact Name (if different than above)														
Preferred Contact E-mail (if different than above)														
Tel. #														

### SECTION 2: PRIMARY SERVICE LOCATION (PSL) INFORMATION

DBA Name (Primarily applies to individuals who are sole proprietors and NOT to entities separately completing PE-FRD)  
 NONE

Is PSL address same as home address in Section 1?  Yes  No. If yes, practitioner need not complete remainder of Section 2.

PSL Street Address (street address only; P.O. Boxes are not acceptable)

City					State		Zip							
Tel. #					Fax #									
E-mail														



Ownership/Controlling Interest (of 5% or more)\*  Managing Employee\*  Agent\*

Name of Individual (Last, First, Middle Initial) or Entity

NPI  % of Ownership (if 5% or more)

Title, Function, or Relationship to Practitioner

Address (Home Address if Individual; Business Address if Entity)

City  State  Zip  -

SSN (if Individual)  Date of Birth  EIN (if Entity)

Ownership/Controlling Interest (of 5% or more)\*  Managing Employee\*  Agent\*

Name of Individual (Last, First, Middle Initial) or Entity

NPI  % of Ownership (if 5% or more)

Title, Function, or Relationship to Practitioner

Address (Home Address if Individual; Business Address if Entity)

City  State  Zip  -

SSN (if Individual)  Date of Birth  EIN (if Entity)

\* For definition and further explanation of these terms, please see the top of Section 3 above.

## SECTION 4: DISCLOSURES

For additional information, see 42 CFR § 455.106, 455.436, and §1002.3, and 130 CMR 450.212.

### 4A. DISCLOSURE INFORMATION

Respond to the following questions on behalf of the practitioner AND any individuals/entities identified in Section 3 (except for question 5, where your response may be limited to the practitioner). If you answer “yes” to any question, provide a detailed explanation in Section 4B, including the name of the individual/entity; nature, date, and forum of the action; and any case or record number.

1. Have any of the individuals/entities ever been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services?  
 Yes  No
2. Have any of the individuals/entities been convicted of a criminal offense as described in sections 1128(a) and 1128(b) (1), (2), or (3) of the Social Security Act?  
 Yes  No
3. Have any of the individuals/entities been excluded from participation in any federal or state health program (including, but not limited to, Medicare or Medicaid)?  
 Yes  No
4. Have any of the individuals/entities had civil money penalties or assessments imposed under section 1128A of the Social Security Act?  
 Yes  No
5. Has the practitioner ever been subject to any disciplinary action, sanction, or other limitation or restriction of any nature imposed with or without the consent of the provider, by any state or federal agency or board, including but not limited to, revocation, suspension, reprimand, censure, admonishment, fine, probation agreement, practice limitation, practice monitoring, or remedial training or other educational or public service activities?  
 Yes  No
6. Is there currently pending any proceeding(s) that could result in a conviction, sanction, or other action reportable in questions 1 – 5, above?  
 Yes  No

