Louisiana Department of Health

Health Standards Section

Disclosure of Ownership & Controlling Interest Statement

I. Identifying Information

Legal Entity/Corp. Name:	
D/B/A Name:	
Employer ID Number (EIN):	
Street Address:	
City:	State :
Parish/County:	Zip Code:
Phone Number:	Email :

II. (a) List names, addresses and phone numbers for persons or group of persons, or the Employer Identification Number (EIN) for organizations having direct or indirect ownership or a controlling interest (≥ 5%) of the corporate stock or partnership interest or any person or business entity which has a direct business interest, including, but not limited to, a wholly owned subsidiary, the details of any conversion rights which may exist for the benefit of any party and whether such stock, partnership interest, or ownership being held by the disclosed person or business entity is, in fact, owned by another person or business entity.

Name	Address	EIN #

II. (b) Type of Entity:

For-Profit Entity	Non-Profit Entity	Government Entity
☐ Individual/Sole Proprietorship	☐ Individual/Sole Proprietorship	☐ Federal
☐ Corporation	☐ Corporation	☐ State
☐ Partnership	☐ Partnership	☐ Parish
☐ Group Practice	☐ Religious Affiliate	☐ City/Parish
☐ Religious Affiliate	☐ Unincorporated Association	☐ City
☐ Unincorporated Association	☐ Limited Liability Corporation	☐ Hospital District
☐ Limited Liability Corporation	☐ Other :	☐ Combination Gov/Non-Profit
☐ Other :		☐ Human Services District
		☐ Other :

II. (c) If the disclosing entity is a corporation, list names, addresses, and phone numbers of the Directors and attach.

II. (d) Are any owners of the disclosing entity also owners of other licensed health care facilities? ☐ Yes ☐ No
(proprietorship, partnership, or Board Members). If yes, list names, addresses, and phone numbers of individuals and facility provider numbers.

Name	Address	Provider Number

III. Has there been a change in ownership or control within the last year?

☐ **NO** change of ownership.	☐ **YES**, ownership has changed. **Date** of Ownership Change:

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS, IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE LOUISIANA STATE AGENCY

Print Name and Title of Authorized Representative:	
Signature:	**Date:**
Notes/Remarks:	

Form HSS-1513L (7/11; 01/12; 02/12; 3/12, 3/13; 1/16)

Health Standards Section
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