Real example: how I filled the Oregon Medicaid provider disclosure statement

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Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from the Oregon Health Authority, Provider Enrollment Unit (it ships with the enrollment packet) at https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx.

What to notice

Federal Medicaid rules require every enrolling provider to disclose who owns and controls the business and whether anyone involved has been excluded or convicted. For a solo LLC the answer is one line: you, at 100 percent. The form still has to be complete, every question answered, and it goes back with the enrollment agreement.

The only judgment call is the managing-employee section. A solo practice with no staff lists nobody, or the owner again; I listed nobody and was not asked to change it.

Entity

Legal name	CUTI LLC
Doing business as	none
Entity type	Limited liability company
Tax ID / NPI	[EIN] / [NPI]
Business address	[practice address], Eugene, OR

Owners and persons with a controlling interest

Name	Title	Ownership	DOB	SSN	Address
Eric Richers	Owner	100%	[DOB]	[SSN]	[home address], Eugene, OR

Managing employees

Persons with managerial control who are not owners	none

Related parties and subcontractors

Ownership in other Medicaid providers, or subcontractors with 5 percent or more	none

Exclusion and conviction questions

Any owner, managing employee, or agent excluded from Medicare or Medicaid?	No
Any conviction of a criminal offense related to Medicare, Medicaid, or another health program?	No

Signature	[signature]
Title	Owner
Date	[date]