Entity Provider Roster Addendum

Optum 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 state and federal regulations managing a federal health care program as set forth by 42 Code of Federal Regulations §455.

Please read the question below and return the appropriate document/s per the instructions provided.

Does the provider have ownership or controlling interest of 5% or greater or is related to an individual with an ownership or controlling interest in the practice? ☐ **Yes** ☐ **No**

If the answer to the question above is **YES**, this Roster Addendum does not need to be completed.

- The provider is required to complete the **Individual Provider Disclosure Form** or **State-specific Disclosure Form**
- The group practice is required to submit a revised **Entity Provider Disclosure Form** or **State-specific Disclosure Form** to include the new provider and/or owner**.**

If the answer to the question above is **NO**, complete and return this form.

Provider's First Name, Middle Initial and Last Name:		SSN:
Date of Birth:	Individual NPI #:	Medicaid ID: (N/A or Applied for is Acceptable)
Group Name:	Federal Tax ID #:	Group NPI #:
Group Physical Address (Street, City, State, Zip):		Group Phone #:

Contact Signature _____ Title _____ Date _____

Contact Printed Name _____ Contact Phone # _____ Contact Email Address _____