

## Change of Ownership Form

Email completed form to: [MHHPContracting@memorialhermann.org](mailto:MHHPContracting@memorialhermann.org)

### SELLER/ASSIGNOR

Former Tax ID: \_\_\_\_\_

Legal Name of Seller/Assignor: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

NPI Number: \_\_\_\_\_

License Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Seller's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PURCHASER/ASSIGNEE

New Tax ID: \_\_\_\_\_

Legal Name of Purchaser/Assignee: \_\_\_\_\_

Name of Facility after transfer: \_\_\_\_\_

New Operating NPI Number: \_\_\_\_\_

New Operating License Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Changes to Physical Address (if applicable): \_\_\_\_\_

\_\_\_\_\_

New Administrative/Payee Address (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchaser Mailing Address (if different than Payee address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Effective Date of Ownership Change: \_\_\_\_\_

2. Did CMS consider this a change of Ownership?  Yes  No

3. Type of Sale:

**A. Asset Purchase Sale:** This is a sale in which the assets (i.e., real estate, equipment, contracts) of the Facility are being sold (or assigned) by the current owner ("Seller") to a new owner ("Purchaser").

➤ Is the transfer pursuant to an Assets Purchase Sale?  Yes  No

➤ Are the provider contracts intended to be transferred to Purchaser pursuant to an asset purchase agreement?  Yes  No

**B. Other Type of Sale / Transfer** (please explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Unless otherwise excluded below all active MHHP provider contracts will be considered as part of this request for consent to assignment of provider contracts. Please indicate which MHHP provider contract(s) (by name and effective date) if any, are **NOT** parts of the ownership/transfer change?

**Note: The indicated networks will be terminated immediately upon approval of this request by MHHP.**

MHHP Contracts Excluded from Transfer

_____	Effective Date _____
_____	Effective Date _____
_____	Effective Date _____

5. Are rates and terms & conditions of MHHP Provider contract(s) with Seller acceptable to Purchaser?  Yes  No

6. Does the Seller intend to retain any liabilities?  Yes  No If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

7. Are there any known claims or disputes (e.g., overpayment/underpayment to seller) between MHHP and Seller?  
 Yes  No If yes, please provide details and status of dispute?

\_\_\_\_\_

\_\_\_\_\_

**By completing and executing this Change of Ownership, Seller/Assignor and Purchaser/Assignee are certifying the accuracy of the information contained herein and are requesting the consent of MHHP to the assignment of the Provider Contracts to Purchaser/Assignee.**

### Seller/Assignor

Signature:

\_\_\_\_\_

Printed Name:

Title:

Date:

### Approval of MHHP

Signature:

\_\_\_\_\_

Printed Name:

Title:

Date:

### Purchaser/Assignee

Purchaser/Assignee expressly agrees to assume the obligations of Seller/Assignor and the terms and conditions of the Provider Contracts.

Signature:

\_\_\_\_\_

Printed Name:

Title:

Date:

### Supporting Documents Required:

New W9

New License

New Certificate of Liability

NPI Enumeration Email / Letter