

Health Care Reform Act (HCRA) Historical Provider Information

Please answer all of the following questions with information effective the date you became a HCRA designated provider and forward. Do not include any information prior to January 1, 1997.

Provider Name _____
Operating Certificate (OpCert) Number _____

1. Effective Date of OpCert _____ (If prior to January 1, 1997, enter January 1, 1997)

2. Has your facility operated under any other name from the date you became a HCRA designated provider and forward?

Yes _____ No _____

If yes, please list all previous names and the dates of operation under that name:

Name	From
To	
_____	____/____/____
____/____/____	
_____	____/____/____
____/____/____	
_____	____/____/____
____/____/____	

3. List all Federal Employer Identification Numbers (FEINs) that are, or have been, associated with this OpCert, from the date you became a HCRA designated provider and forward, for which patient services claims are billed under:

FEIN(s)

4. Do you operate, or have you operated in the past, any extension clinics under this OpCert?

Yes _____ No _____

5. Have any of these extension clinics in #4 above billed for patient services under an FEIN and/or name that is different from this OpCert?

Yes _____ No _____

If yes, list the extension clinic information below:

Extension Clinic Name	PFI #	FEIN Used for Billing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Has your facility held a previous OpCert number that was NOT revised as a result of a merger/acquisition?

Yes _____ No _____

If yes, provide information below:

Previous OpCert Number _____

Provider Name (If different from above) _____

FEIN(s) _____ , _____

7. Has your facility been involved in a merger/acquisition?

Yes _____ No _____

If yes, please provide the following:

Acquired OpCert # _____

Acquired Provider Name _____

Effective Date of merger/acquisition _____

FEIN(s) of acquired OpCert: _____ , _____

By signature below, as Chief Financial Officer or other duly authorized individual of the above named entity, I certify to the information herein as accurate and correct to the best of my knowledge.

Name: _____

Signature: _____

Title: _____

Date: _____

Telephone #: _____