



Notice of Change in Ownership



Please provide the information requested below.

Contracted Party Name: _____

Contracted Party Agreement(s): _____

Buyer: _____ Seller: _____

Is the transaction a sale of stock or assets? _____

Legal name of the contracting party after the closing date: _____

Anticipated closing date: _____

Billing information to be used as of the closing date: _____

TIN: _____ NPI: _____

Confirm the organization that is entitled to receive future payments (excluding any applicable incentive payments) for claims that come in after the closing date for dates of service prior to the closing date:

Do you anticipate any of the information listed above changing in the foreseeable future? _____

If yes, please provide details regarding the anticipated changes:

Please provide any additional information that would impact the Agreement:

Nothing in this notice or the accompanying letter shall be deemed a waiver of the Alliance's rights under the Agreement, including its termination rights.

By signing below you attest that the information you provided on this form is accurate to the best of your knowledge. Additionally, you acknowledge that this information will be used to fulfill a DHCS reporting requirement and you agree to notify the Alliance as soon as possible should any of the information provided above change.

Signature

Date

Title

Print Name

Please return to pscontracts@thealliance.health.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health