

Provider Entity Sale or Transfer Addendum

This form is required by South Country whenever a contracted South Country provider undergoes a change in direct or indirect ownership. A direct owner is any person or entity that owns 5% or more of the enrolled provider entity. An indirect owner is a person or entity that has an ownership interest in the entity that owns the enrolled provider entity. This extends to all levels of ownership if the amount that is ultimately owned totals 5% or more.

For complex changes and changes in indirect ownership, please include an organizational chart that shows which people or entities own what.

This form should be submitted along with South Country Health Alliance contracting paperwork. This includes the following:

- Contract Application Form • Ownership and Control Interest Disclosure Statement • W9 • Provider Information Form
- Provider Directory and Subdirectory Questionnaire • Site Questionnaire *(if applicable)*.

This form is not required for a change in ownership due to the death of an owner. In that circumstance, you would be required to supply copies of probate documents to support the change along with updated enrollment information through the MPSE Portal.

| | | | | |
|----------------------------|------|------------------------|-----|----------------------------|
| Entity Name | | NPI/UMPI | | Tax ID |
| Practice Address | City | State | Zip | Effective Date of Transfer |
| Current Owner (Transferor) | | New Owner (Transferee) | | |
| Current Owner (Transferor) | | New Owner (Transferee) | | |
| Current Owner (Transferor) | | New Owner (Transferee) | | |

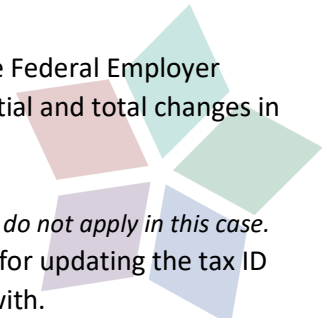
Type of Sale or Transfer (please check one):

- Sale or transfer of direct ownership
- Sale or transfer of indirect ownership
- Transfer or ownership between current owners
- Other (please attach a letter explaining)

Transferor and transferee acknowledge and agree as follows:

1. Check *one* box only:

- Transferee agrees to keep the National Provider Identifier (NPI) number and the Federal Employer Identification Number (FEIN) established for this entity. This applies to both partial and total changes in ownership.
- Transferee agrees to keep the FEIN, but not the NPI established for this entity.
- Transferee will not keep the FEIN or the NPI established for this entity. *Items 3-5 do not apply in this case.*
- Transferee will keep the NPI but will change the FEIN. Transferee is responsible for updating the tax ID information with the NPI registry and any other federal entities it is registered with.



- Only indirect ownership will be changing, the direct ownership structure remains the same, and the entity will keep the same NPI and FEIN.
 - Transferee agrees to keep the FEIN, but the entity has a Unique Minnesota Provider Identifier (UMPI) number. DHS will assign the transferee a new UMPI number as UMPI numbers are not transferable.
 - Transferee will not keep the FEIN, but the entity has an UMPI number. DHS will assign the transferee a new UMPI number.
 - Transferee agrees to keep the FEIN and the entity has an UMPI number. This is a partial change of ownership, i.e. at least one direct owner is not changing, and the entity will be keeping its UMPI.
2. Any provider agreements originally signed by the transferor will terminate on the effective date of sale or transfer listed on this form, in accordance with Minnesota Rules, 9505.0195, subp. 5.E.
 3. If a new owner is keeping the NPI, the transferor hereby authorizes and the transferee hereby accepts that all claims' payments and claims adjustments will accrue to the transferee, without regard to the date of service, date of submission to South Country, or adjudication date as of the effective date of sale or transfer listed on this form. Any agreement between the transferor and transferee to the contrary will not be recognized or enforced by South Country. This acknowledgement does not limit the right of the transferor and transferee to pursue other legal remedies.
 4. Transferee will comply with South Country requirements and conditions as set forth in the Provider Manual and will submit all new enrollment documents along with all required fees, credentials and coursework that qualify the new provider to perform the services.
 5. South Country retains the right to pursue monetary recovery, or civil or criminal actions against the transferor.

If the transferor or transferee is an individual, that individual must sign this form. If any of the parties is a corporate entity, an authorized individual from that entity must sign on its behalf. In this instance, include both the name of the entity and the name of the signor. This person must be disclosed to South Country as an owner or person authorized to act on behalf of the entity during enrollment. The same person cannot be both the transferor and transferee. If there are more transferors or transferees than can fit in the provided spaces, attach additional copies of this form.

Transferor

Please check if signing electronically:

- I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

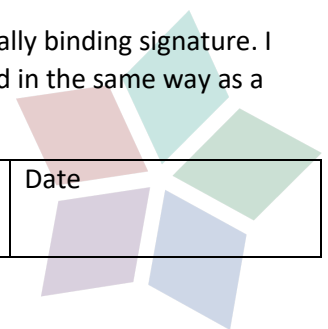
| | | |
|--------------------|-----------|------|
| Name of transferor | Signature | Date |
|--------------------|-----------|------|

Transferee

Please check if signing electronically:

- I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

| | | |
|--------------------|-----------|------|
| Name of transferee | Signature | Date |
|--------------------|-----------|------|



Transferor

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| | | |
|--------------------|-----------|------|
| Name of transferor | Signature | Date |
|--------------------|-----------|------|

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| | | |
|--------------------|-----------|------|
| Name of transferee | Signature | Date |
|--------------------|-----------|------|

Transferor

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| | | |
|--------------------|-----------|------|
| Name of transferor | Signature | Date |
|--------------------|-----------|------|

Transferee

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|--------------------|-----------|------|
| Name of transferee | Signature | Date |
|--------------------|-----------|------|

