

SFN 1168
Ownership/Controlling Interest And Conviction Information
12-2016

Section I – Identifying Information – Required for All Applications

- Provider Number (ND Medicaid) field: Leave blank or write: “Pending”.
- NPI Number: This is the NPI of the Group. DO NOT use the NPI of an individual.
- Fill out all other fields.

Section II – Certification – Required for All Applications

- If it does not apply to you, check the “Other” box and write “N/A” for Not Applicable, and sign and date.
- If it does apply, check the box to indicate your facility’s certification, Print your name, put the certification date, sign, and date.

Section III – Direct/Indirect Ownership Information – Required for All Applications Except IHS Transportation

- If your group does not have owners, please indicate that in this section.
- This is for the individuals and businesses who have ownership of 5% or more in the provider who is enrolling with ND Medicaid (Provider that is in Section I). Please read the instructions on Page 5 to see who qualifies as an owner.
- If the owner is a group, write the Tax ID # (also known as a TIN, EIN, or FEIN) in the field labelled “SSN/TIN”. DOB field is not required for a group.
- If the owner is an individual, write the SSN in the field labelled “SSN/TIN”.
- Fill out all other fields for each individual/group.
- If you need more space, you may attach a sheet with the names, DOBs, SSNs/Tax IDs of each individual/group with ownership interest of 5% or more. If attaching, please write “See Attachment” in this section.

Section IV – Managing Employee/Control Interest – Required for All Applications Except Government entities which are not organized as a corporation

- All persons who are Managing Employees or have a Controlling Interest in the provider must be listed here.
- If you need more space, please write “See Attachment” and attach a separate sheet with each person’s first and last name, Date of Birth, and SSN.
- The person/s who signed the W-9 and the Provider Agreement (SFN 615) must be included in this section with their first and last name, Date of Birth, and SSN.

Section V – Ownership/Controlling Interest Information – Required for All Applications

- Check either Yes or No.
- If No, move on to the next section.
- If Yes, fill out the rest of the fields in this section.

SFN 1168
Ownership/Controlling Interest And Conviction Information
12-2016

Section VI – Changes in Provider Status – Required for All Applications

- Check either Yes or No for each question.
- If No, move on to the next question.
- If Yes, fill out the “Date” field with the appropriate date.

Section VII – Conviction Information – Required for All Applications

- Check either Yes or No for each question.
- If No, move on to the next section.
- If Yes, fill out the rest of the fields in this section.

Section VIII – Multiple Owner Information – Required for All Applications

- Check either Yes or No for each question.
- If No, move on to the next section.
- If Yes, fill out the rest of the fields in this section.

Section IX – Chain Affiliations – Required for All Applications for providers who are part of a chain

- Fill out if the provider enrolling is part of a chain.
- Leave blank if not part of a chain.

Section X – Signature – Required for All Applications

- Fill out all fields. Signature must be a wet signature. Electronic signatures not accepted.

If the Group is organized as a Corporation:

Attach a list of your Board of Directors/Trustees if they are not all listed on the SFN 1168. Include each Director/Trustee’s first and last name, Date of Birth, and SSN. Please make sure the group’s organization is showing on the W-9.