



Change of Ownership

A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement to the new owner.

When there is a change in your practice or facility that affects your credentialing information on file with Leon Health Plan, it is important that you submit the following information

Medicare Provider Type: *Select one option*

- Group
- Individual

Provider Type: *Select one option*

- Primary Care Physician/ Medical
- Behavioral Health Specialist
- Ancillary
- Other _____

Effective Date of Ownership: _____

New Business Information

Provider Tax ID:	
Group NPI:	
Medicare #:	
Medicaid #:	
Legal Business Name:	
Company name (DBA):	
Address:	
City:	
State:	
Zip code:	
Contact Name:	
Contact Email Address:	
Contact Phone number:	
Billing Location:	
City:	
State:	
Zip Code:	
State License:	

Existing Business Information

Provider Tax ID:	
Group NPI:	
Medicare #:	
Medicaid #:	
Legal Business Name:	
Company name (DBA):	
Address:	
City:	
State:	
Zip code:	
Contact Name:	
Contact Email Address:	
Contact Phone number:	
Billing Location:	
City:	
State:	
Zip Code:	
State License:	

Additional Supporting Documentation Requirements:

- Submit a copy of Change of Ownership
- Submit all appropriate state license with new business name
- Submit the updated W9 form
- Submit confirmation letter from CMS of CHOW acceptance

Attestation & Signature	
<input type="checkbox"/> I certify that all information is true and correct. I understand that if changes occur, documentation is required.	
Authorized Representative Printed Name:	
Authorized Representative Signature:	Date: