



DELAWARE PHYSICIANS CARE, INCORPORATED

CREDENTIALING APPLICATION ADDENDUM (*Practitioners and Groups*)¹

Instructions

This addendum must be completed by all credentialed and recredentialed practitioners. Use extra pages as needed.

*1. For the 5-year period ending on the date you complete this Addendum, list any significant business transactions between you or your practice and

(a) any supplier wholly owned by you or your practice

(b) any subcontractor

**Required per 42 C.F.R. Section 455.105(b)(2)*

2. Disclose the identity (including full name and address) of each person who (a) has an ownership or control interest² in you/your practice, or is your/your practice's agent or managing employee, **and (b) has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX Services Program:

***Required per 42 C.F.R. Section 455.106(a)*

¹ The Delaware Health and Social Services Division of Medicaid & Medical Assistance requires the collection of this information in order to comply with federal regulations. For more information, see 42 C.F.R. Section 455.102 et seq.

² A "person with an ownership or control interest" means a person or corporation that (a) has an ownership interest totally 5% or more in the disclosing entity; (b) has an indirect ownership interest equal to 5% or more in the disclosing entity; (c) has a combination of direct and indirect ownership interest equal to 5% or more in the disclosing entity; (d) owns an interest of 5% or more in any mortgage deed of trust, note or other obligation security by the disclosing entity if that interest equals at least 5% of the value of the disclosing entity's property or assets; (e) is an officer or director of the disclosing entity if organized as a corporation; or (f) is a partner in the disclosing entity if organized as a partnership. For more information, see 42 C.F.R. Section 455.102.