

Principal Information Form (PIF-2)

(Required for any person or entity not seeking a Provider Identifier but meets the definition of a "Principal" as defined below)

NOTE: Any person or entity who is a "Provider" is required to complete a PIF-1, but is NOT required to also complete this form. See the PIF-1 form for a definition of "Provider".

A separate copy of this Principal Information Form (PIF-2) must be completed in full for each Principal of the Provider, before enrollment. A "Principal" of the Provider is defined as follows:

- All owners with a direct or indirect ownership or control interest of 5 percent or more.
- All corporate officers and directors, all limited and non-limited partners, and all shareholders of a provider entity (including a professional corporation, professional association, or limited liability company).
- All managing employees or agents who exercise operational or managerial control, or who directly or indirectly manage the conduct of day-to-day operations

All spaces must be completed either with the correct answer or a "NA" on the questions that do not apply to the Principal.

The Provider or provider's duly authorized representative must personally review each copy of this completed form and certify to the validity and completeness of the information provided by signing the HHSC Medicaid Provider Agreement.

Name Last, First, Middle	Maiden Name

List any other Alias, Name or Form of your name ever used

For additional names or addresses, please attach necessary pages.

Physical Address					
Number	Street	Suite	City	State	ZIP

Accounting/Billing Address					
Number	Street	Suite	City	State	ZIP

If your accounting address is different from your physical address, please indicate your relationship to the Accounting Address:					
<input type="checkbox"/> Billing Agent	<input type="checkbox"/> Management Company	<input type="checkbox"/> Employer	<input type="checkbox"/> Self	<input type="checkbox"/> Other (<i>explain below</i>)	
Explain if "Other" was selected.					

Professional Licensing board, License Number and State	Professional License Issue Date MM/DD/YY	Professional License Expiration Date MM/DD/YY

Social Security Number	Employer's Tax ID

Specialty of Practice (Example: Pediatrics, General Practice, etc.)	Medicare Intermediary

Medicare Provider Number	Medicare Effective Date MM/DD/YY



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Driver's License Number		State Issuer	Driver's License Expiration Date MM/DD/YY	

Date of Birth MM/DD/YY	Gender
	<input type="checkbox"/> M <input type="checkbox"/> F

Previous Physical Address					
Number	Street	Suite	City	State	ZIP

Previous Accounting Address					
Number	Street	Suite	City	State	ZIP

Your title in a provider organization for which Medicaid enrollment is being sought.

Your duties and relationship to the provider organization.

List all Texas Medicaid TPIs, provider name, and physical location under which you have billed or in which you were a principal. Include current and previous TPIs. *(attach additional sheets if necessary):*



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List any medical entity you have a contractual relationship with and, if known, the TPIs of each entity (attach additional sheets if necessary):

"Sanction" is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action.

Have you ever been sanctioned (as defined above) in any state or federal program?

Yes No If yes, fully explain the details, including date, the state where the incident occurred, the agency taking the action, and the program affected (attach additional sheets if necessary):

Is your professional license or certification currently revoked, suspended or otherwise restricted? Yes No

Have you ever had your professional license or certification revoked, suspended, or otherwise restricted? Yes No

Are you currently or have you ever been subject to a licensing or certification board order? Yes No

Have you voluntarily surrendered your professional license or certification in lieu of disciplinary action? Yes No

(You may be subject to a license or certification verification/status check with your licensing or certification board.)

If yes was answered to any of the questions, fully explain the details, including date, the state where the incident occurred, name of the board or agency, and any adverse action against your license (attach additional sheets if necessary):



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Are you currently charged with or have you ever been convicted of a crime (excluding Class C misdemeanor traffic citations)? To answer this question, use the federal Medicaid/Medicare definition of "Convicted" in 42 CFR § 1001.2 as described below, which includes convictions as well as deferred adjudications and all types of pre-trial diversion programs. (You may be subjected to a criminal history check.)

Convicted means that:

(a) A judgment of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:

- (1) There is a post-trial motion or an appeal pending, or
- (2) The judgment of conviction or other record relating to the criminal conduct has been expunged or otherwise removed;

(b) A Federal, State or local court has made a finding of guilt against an individual or entity;

(c) A Federal, State or local court has accepted a plea of guilty or *nolo contendere* by an individual or entity, or

(d) An individual or entity has entered into participation in a first offender, deferred adjudication or other program or arrangement where judgment of conviction has been withheld.

Yes **No** *If yes, fully explain the details, including date, the state and county where the conviction occurred, the cause number(s), and specifically what you were convicted of (attach additional sheets if necessary):*

Are you currently behind 30 days or more on court ordered child support payments?

Yes **No** *If yes, provide details (attach additional sheets if necessary):*



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Are you a citizen of the United States?

Yes

No

If no, of what Country are you a citizen?

If you answered "No" above, attach a copy of your green card, visa, or other documentation demonstrating your right to reside and work in the United States

