

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form has instructions on the form)
	Supporting Documents	<p>COMPANY RESOLUTION</p> <p>Submit a copy of company resolution from Board of Directors authorizing the name change with the effective date</p>
	Supporting Documents	<p>ARTICLES OF INCORPORATION</p> <p>If the Licensee name or Corporate name changes, submit a copy of the Articles of Incorporation.</p>
	HS 602	<p>TRANSFER AGREEMENT [Title 42 Code of Federal Regulations (42 CFR) section 416.41(b)]</p> <p>Copy of current written transfer agreement with a General Acute Care Hospital and the facility that meets the requirements of the Code of Federal Regulations</p> <p>Tips</p> <ul style="list-style-type: none"> • The Facility Administrator has the authority to sign this form • The facility may not have a Facility Provider Number yet, and may be left blank

REQUIRED DOCUMENTS FOR MEDICARE PROVIDER ONLY

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	CMS 855B	<p>MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION</p> <ul style="list-style-type: none"> • This application is from the Centers of Medicare and Medicaid Services • The completed application should be mailed directly to the appropriate fiscal intermediary

REQUIRED DOCUMENTS FOR MEDI-CAL PROVIDER ONLY

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form has instructions on the form)
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION</p> <p>Tips</p> <ul style="list-style-type: none"> • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)
	DHCS 9098	<p>MEDI-CAL PROVIDER AGREEMENT</p> <ul style="list-style-type: none"> • Do not leave any questions blank. Enter “same” or “N/A” if not applicable • The mailing address must be the same as reported on the HS 200 form • Notarized signature page is required • Submit the "Acknowledgement" page from the notary public, if applicable