

# DRUG MEDI-CAL DISCLOSURE STATEMENT

## DHCS FORM 6207 (Rev. 7/14) APPLICATION GUIDE

The purpose of this guide is assisting you in completely and accurately completing the Drug Medi-Cal (DMC) Disclosure Statement (Form DHCS 6207).

Before attempting to fill out the application(s) it is advised to complete several preliminary tasks and organize some of the required documents. These tasks include:

- ☐ Ensure you have completed your application form 6001(rev.7/13)—you may be working on the drug Protocol section, but the rest of the application form should be completed so that you can ensure the information matches what you enter on the disclosure statement.

### COMPLETING THE DMC DISCLOSURE STATEMENTG- DHCS Form 6207

There are a few general rules to follow when completing this application:

- Print or type information legibly in ink
- Do not use pencil, correction tape, white out, or highlighter pen: if you must make a correction, draw a line through the incorrect information, and enter the correct information in the text area. Be sure to date and initial the correction (in ink).
- Do not leave any questions, boxes or lines blank—Check or write “N/A” if not applicable to you.
- It is advised you organize and tab any attachments, but **do not bind or staple any materials** in this application or accompanying attachments.

This guide applies to most corporations, public agencies, partnerships, and sole proprietors—physicians and allied dental providers, and qualifying physician/non-physician Ordering/Referring/Prescribing applicants may be eligible to use the Medi-Cal Rendering Provider Application/ Disclosure (DHCS 6216 or DHCS 6219).

Section I: <b>APPLICANT/PROVIDER INFORMATION</b> (Page 1 of 15)	
<input type="checkbox"/>	<p><b>A. <u>Legal Name</u></b> of Applicant (As you report to the IRS) This is the name of the “<u>legal entity</u>” in control of the clinic and must match the legal name reported on your DMC application form 6001. <input type="checkbox"/></p> <p><b>B.</b> Legal Name of applicant as it appears on professional license—If you, as the applicant are a licensed professional, enter your name as it appears on that license; If you are not licensed or this does not apply (say a corporation is the applicant), mark “N/A” <input type="checkbox"/></p> <p><b>C.</b> Existing <u>NPI number</u> (for site being certified)—must match NPI reported on application DHS 6001. <b>Do not mark “N/A”, the DMC Application 6001 requires applicants to have a registered NPI number</b> <input type="checkbox"/></p> <p><b>D.</b> Check box if you are a rendering provider to a provider group and go to part I below—write “N/A” if this does not apply. <input type="checkbox"/></p> <p><b>E. <u>Enter your “Fictitious business name</u></b> if applicable; if this does not apply to you, mark “N/A” <input type="checkbox"/> (A fictitious name is a business name that is different from your personal name, the names of your partners or the officially registered name of your corporation. A DBA is needed in the following scenarios:</p> <ul style="list-style-type: none"> <li>○ Sole Proprietors or Partnerships- If you wish to start a business under anything other than your real name, you’ll need to register so that you can do business as another name</li> <li>○ Existing Corporations- If your business is already set up and you want to do business under a name other than your existing corporation name, you will need to register or file a DBA or Fictitious Business Name Statement.</li> </ul> <p><b>If this applies, <u>Include a copy of your Fictitious Business Name Statement or DBA with your attachments to this application.</u></b></p>

**F. Enter your “Doing Business As” name.**

- If you operate your clinic under a “Fictitious name” or DBA and completed that information in “E” above also enter that name here.
- Even though you do not operate your business under a DBA (a fictitious name) but your clinic (the site your are certifying) is named or goes by a name other than your legal entity name, enter that name here.

For example, your legal entity name is “The XYZ Community Services” and you do all of your business transactions under that name. However, you call (Sign on building, advertising, etc) your clinic “The Good Treatment Clinic.” While this is not “technically” a DBA situation and you are not required to “register” as a DBA and produce filing paperwork, enter the name of your clinic here.

So, in this instance, the legal name would be, “XYZ Community Services, the fictitious business name would be “N/A”, and the Doing Business As name would be, “The Good Treatment Clinic.” If your clinic or certified site’s name is the same as your legal entity’s name, mark the box “N/A.” ☐

**G. Enter the address of the site your are certifying—this MUST match exactly the address on your Application DHCS 6001 (include all room or suite numbers).**

1. Do you lease this location? **Mark “yes” or “no” as appropriate.**
2. **If you do lease**, complete all of the information about the lessor and include a copy of your current lease. (you may have done this for your application DHCS 6001—you will not have to duplicate, just make sure the attachment identifier is referenced)
3. Mark “yes” or “no” indicating if you own the location where services will be rendered.
4. **If you neither lease or own the location, write a brief explanation** of the circumstances which allow you occupancy to this location.

**If you are at a school site or any space that is donated, you will have to include a letter (OFFICIAL, on letterhead and signed by a titled and recognized authority such as the principal) describing the space (EXACT ADDRESS) and conditions of your occupancy.**

**H. Type of Entity-** Check the box which accurately describes the what type of business organization controls the clinic.

Note: With the exception of Governmental entities and Sole Proprietors **you must include as an attachment, the legal documents of governance** (Partnership Agreement or Articles of Incorporation). If you are a Nonprofit, mark what type—for example, if you are a Nonprofit charitable corporation (501(c)3) mark “nonprofit”, “corporation”, and “charitable.” Also, be sure to include your Articles on Incorporation in your application attachments.

These attachments should be labeled and entered on your Table of Contents for attachments. **Also recheck to ensure the name on your documentation matches the name and address you entered for Legal Entity in Section A, above)**

- I. List any of Applicants Medicare/Medicade fines/debts due and owing to any governmental agency—follow the Instructions for relevant documents to attach to the application. **If you do not have any such fines or debts, mark “N/A”.**

- J. List the name and address of all health care providers** (see section 51051 Provider Enrollment Regulations CCR, Title 22, Division 3) in which applicant/provider also has an ownership or control interest—IF YES, COMPLETE INFORMATION (J.1 and J.2 ) for each additional business.

Be sure and mark “N/A” if applicant does not own or have control interest in other health care providers

- K.** In this section read and answer “Yes” or “No” to questions 1 through 8—Be sure and complete each question with either a yes or no response, do not leave any blank. A yes response to any of these questions require completion of the additional information requested.

**THIS COMPLETES SECTION I (Pages 1-3 of 15).**

- **Unincorporated sole-proprietor’s**, proceed to Section II
- **Partnerships, corporations (profit or not-for-profit), or government entities** proceed to Section III

Section II: **Unincorporated sole-proprietor’s or individual rendering providers** adding to a group (Page 4 of 15)  
Note: Individual rendering providers are fee-for-service and do not apply to Drug Medi-Cal

- ☐ Complete all Sections A-E, making sure to include a current copy of your driver’s license or state issued Identification card (all information should match sections A-D)

**THIS COMPLETES SECTION II (Page 4 of 15).**

Section III: **Ownership Interest and/or Managing Control Information (Entities)**

- ☐ Part A- This section applies to **“ENTITIES”** (Corporations, unincorporated associations, partnerships, etc.) who have 5% or greater ownership, control interest, or partnership interest in the applicant/provider identified in Section I. **THIS SECTION IS FOR ENTITIES, NOT INDIVIDUALS.**

Terms:

- Ownership refers to possession of stock, equity, capital, profits of the applicant, or similar interest. For definition of “indirect ownership” and methods to compute percent of ownership see section 51000.9 and 51000.13 of CCR, Title 22, Div 3.
- Control Interest refers to the direct or indirect authority to exercise control over the day-to-day operations

Example: XYZ Medical Inc. owns 20% of the stock in the DMC applicant/provider, “Real Good Counseling Services,” and ABC Physicians also owns 10% of the stock in Real Good Counseling Services. Therefore, both XYZ Medical Inc and ABC Physicians (their Legal Business Names) must be listed in Part A of Section III. THEIR PERCENT OF INTEREST AND NPI NUMBER (if they have one) must also be included. Also, Sections III.B and C must be completed for each Entity listed.

- ☐ If this section does not apply, there are no entities which have direct or indirect ownership or a control interest in the applicant/provider identified in Section I, **check the box** “this section does not apply” and proceed to Section IV.

- ☐ If this section does apply, complete all of the information for each Entity in Section III.A.

- Entity Legal Business Name

	<ul style="list-style-type: none"> <li>• Percent of Ownership or Control</li> <li>• NPI Number (If applicable)</li> </ul> <input type="checkbox"/> <b>Part B and C- Complete a Part B and C for each entity listed in Section III.A.-</b> <ul style="list-style-type: none"> <li>• Answer each question in III.B, 1 through 6</li> <li>• Answer “yes” or “no” to each question in III.C, 1 through 6. If you make a “yes” response, complete the additional questions and <b><u>provide documentation for all judgments, settlements, or actions.</u></b></li> </ul> <p>NOTE: If you need to make additional pages, be certain to note the number of pages (Attachments for Section III) in the black space (“Number of pages attached:____”) in Section III.A.</p>

<b>Section IV: Ownership Interest and/or Managing Control Information (Individuals)</b>	
	<input type="checkbox"/> <b>Part A-</b> This section applies to <b><u>“INDIVIDUALS”</u></b> who have 5% or greater ownership, control interest, or partnership interest in the applicant/provider (Direct or Indirect) in the applicant/provider identified in Section I. <p>In Addition, you must list <u>ALL</u>:</p> <ul style="list-style-type: none"> <li>• Officers of the corporation</li> <li>• Directors</li> <li>• Agents, and</li> <li>• Managing Employees (A managing employee is a general manager, business manager, administrator, or other individual who [directly or indirectly] exercises <u>control over or conducts the day-to-day operation</u> of an applicant/provider)</li> </ul> <p>Note: County (Governmental) entities should just identify Managing Employees.</p> <input type="checkbox"/> Complete the following for each qualifying individual: <ul style="list-style-type: none"> <li>• Name (as identified on Driver’s License or State Issued ID)—also include their title next to their name.</li> <li>• Percent of Ownership or Control (Managing employees without ownership or controlling interest will be 0%)</li> <li>• NPI Number (if applicable)</li> </ul> <input type="checkbox"/> <b>Parts B and C-</b> Complete a separate Part B and C (pages 8 and 9) for each individual listed In Section IV, Part A. Also, enter the number of “separate Parts B and C in the space identified as “Number of pages attached ____” in Section IV, Part A. <p>Part B- <input type="checkbox"/> Complete questions 1-5 in part B ensuring that:</p> <ul style="list-style-type: none"> <li>• Full name entered matches Part A and the Driver’s License or State ID</li> <li>• Note that Social Security Number is required</li> <li>• You must attach a legible copy of the individuals Driver’s License or State Issued ID (these will count in your number of pages attached)</li> </ul> <input type="checkbox"/> Complete question 6 with a “yes” or “no” response, as appropriate. For all “yes” responses, make sure to answer the remaining questions <input type="checkbox"/> Complete questions 7 and 8 as they apply <p>Part C- <input type="checkbox"/> Respond to questions 1-8 in Part C, marking “yes” or “no” as appropriate. For all “yes” responses, make sure to answer the remaining questions</p> <input type="checkbox"/> Respond to question 9, Part C if the individual has ownership or control interest in “other health care providers”. Mark “none” if this applies. Also, indicate the number

of additional pages attached even if that is "0". (Be sure and clearly label and tab your additional pages so they can be identified as Section IV, Part C, question 9)

#### Section V: **Subcontractor Information and Significant Business Transactions**

**It is important to thoroughly read the instructions pages ii and iii on this section. Pay particular attention to the definitions of "direct", "indirect", and "significant business transactions." Methods for computing percentage of ownership are also included.**

☐ Part A- Answer "yes" or "no" to the questions in Part A as they relate to the applicant/provider, Entities listed in Section III, and Individuals listed in Section IV. A yes or no response must be provided. Any "yes" responses must be completed by providing information to questions 1-5. Be sure and check the box if additional sheets are required and attached—mark with the appropriate number of attachments (Be sure and clearly label and tab your additional pages so they can be identified as Section V, Part A)

☐ Part B- This part asks for additional information on any individuals, corporations, etc. with 5% or greater ownership/control interest in **any subcontractor listed in Part A** (preceding). If there are no subcontractors identified in Part A, leave this part blank. If there are Subcontractors identified in Part A, name the subcontractor and provide all of the identifying Information in part B.1 as required (use B.2-4 and additional sheets if necessary).

Be sure and check the box if additional sheets are required and attached—mark with the appropriate number of attachments (Be sure and clearly label and tab your additional pages so they can be identified as Section V, Part B)

☐ Part C- Answer "yes" or "no" if applicant/provider has/had any "significant business transaction (see definition in text or instructions) with any supplier or subcontractor (not listed in Part A) during the 5-year period immediately preceding the date of Application—a yes or no response must be given.

- If "no", proceed to Part D
- If "yes", complete the information section about the supplier or subcontractor. Complete an information section for each supplier or subcontractor meeting the "significant transaction" criteria. If additional pages are needed, be sure to check the box and enter the number of additional pages included. (Be sure and clearly label and tab your additional pages so they can be identified as Section V, Part C)

☐ Part D- This section asks for information about individuals with an ownership or control interest in any subcontractor listed in Part C (preceding).

- If there was a "yes" response to Part C, complete the information sections of Part D (questions 1-4) for each supplier/subcontractor identified. If additional pages are needed, be sure to check the box and enter the number of additional pages included. (Be sure and clearly label and tab your additional pages so they can be identified as Section V, Part D)
- If there was a "no" response to Part C, leave Part D blank and proceed to Section VI

**Section VI: Incontinence Supplies**

- ☐ Does the applicant intend to sell incontinence medical supplies. Answer “yes” or “no”—do not leave this section blank. If yes, complete the information sections marked A-C

**Section VII: Pharmacy Applicants or Providers**

- ☐ This section only applies to pharmacy applicants or providers. All other applicants include these pages in your application submitted but do not make any entries—proceed to Section VIII.

**Section VIII: Declaration and Signature Page**

- ☐ All applicants must complete this page
- ☐ 1. Printed legal name of applicant/provider (must match name listed on application package)
  - ☐ 2. Printed name of person signing declaration (include any documents which empower person to legally bind the applicant/provider)
  - ☐ 3. Original Signature of applicant/provider or legal representative—**name match exactly**  
**Name listed in 2, above.**
  - ☐ 4. Title of person signing the declaration
  - ☐ 5 and 6—**Witnessed and notarized by a Notary** Public (note limited exceptions listed)