



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE - MEDICAID/TENNCARE TITLE XIX PROGRAM

**Ownership Disclosure Acknowledgement**

The State or Federal Medicaid agency may refuse to enter into, renew, or terminate an agreement with a Provider if it is determined that a Provider did not fully, accurately, and truthfully make the disclosures required by this statement. Additionally, if false statements or representations of the required disclosures may be prosecuted under applicable federal and state laws 42 CFR § 455.106. The signature below **MUST** be the signature of an individual who can legally bind this Provider Entity.