



**Division of Medical Services**

Gainwell Technologies Provider Enrollment Unit

P.O. Box 8105, Little Rock, AR 72203-8105

P: (501) 376-2211 WATS: (800) 457-4454

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## Change of Ownership Information

All providers who are currently enrolled that have experienced a change in ownership or a change in tax number must complete the information below:

Effective date or anticipated date the change will occur or has occurred: \_\_\_\_\_

Organization name of the new owner: \_\_\_\_\_

Organization name of previous owner: \_\_\_\_\_

Arkansas Medicaid Provider number of previous owner: \_\_\_\_\_

Federal Tax Identification number of previous owner: \_\_\_\_\_

### Type of Sale that occurred

Was this a purchase of Assets?      Yes      No

Was this a purchase of Stock?      Yes      No

Other — explain

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**A copy of the sales agreement signed by all parties is required.**

\_\_\_\_\_  
Name of Authorized Representative (typed or printed legibly)      Title

\_\_\_\_\_  
Signature      Date