



Prospective Owner Intentions Regarding Medicare Certification

Form 3695
September 2005

Name of Previous Owner	Name of Facility
Medicare Provider No.	Change of Ownership Effective Date

A provider who is contemplating or negotiating a change of ownership must notify the Centers for Medicaid and Medicare Services (CMS) (42 CFR §489.18(b)). Indicate if the prospective owner will participate in the Medicare program by checking the appropriate sections below.

☐ Prospective owner has read Section 3210.5 of the State Operations Manual and 42 CFR 489.18 (Code of Federal Regulations) and understands the options.

If you decide not to accept the terms of the Medicare Provider Agreement, you have the option to:

- apply for a new Medicare number, or
- choose not to participate in the Medicare program.

☐ Prospective owner does **not** intend to participate in the Medicare program.

☐ Prospective owner **intends** to participate in the Medicare program.

☐ Prospective owner **accepts** assignment of the previous owner's provider agreement.

☐ Prospective owner to apply for a **new** provider agreement.

Prospective Owner Information

Legal Entity	Name of Facility
Address	City, State, ZIP
Print Name	Title
Authorized Signature	Date

Mail as soon as possible to: Texas Health and Human Services Commission
Regulatory Services (E-342)
PO Box 149030
Austin, TX 78714-9030

HHSC Use Only	855A Received: _____
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