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Code of Virginia 8.01-581.17

Diagnostic Modality Accreditation Programs
1891 Preston White Drive
Reston, VA 20191

OWNERSHIP CHANGE/MODALITY ID DESIGNATION FORM

Please fill in ALL applicable accredited modality ID numbers for your location. **FACILITY#**

BMRAP#	**BUAP#**	**CTAP#**	**MRAP#**
NMAP#	**PETAP#**	**UAP#**	**SBBAP#**

All information below must be completed

Contact Name: ____________________ **Title:** ____________________

Email Address: ____________________ **Phone Number:** ____________________

Accredited Facility Name: ____________________

Facility Location Address: ____________________

1. **Is the facility under new ownership?** **Yes** **No**

   If so, Effective Date of ownership change: ____________________

2. **Is the facility changing its name?** **Yes** **No**

   If so, New Name:____________________

3. **Are any of the accredited modalities moving to a new location address?** **Yes** **No**
4. **Are the NPI, Medicare ID and/or EIN/Tax ID number changing?** **Yes** **No**
5. **Were you required to complete a new CMS-855B form?** **Yes** **No**
6. **Are at least 50% of the interpreting physicians new?** **Yes** **No**
7. **Are at least 50% of the technologists new?** **Yes** **No**
8. **Are there significant changes in the scanning protocols?** **Yes** **No**
9. **Is the Supervising Physician changing?** **Yes** **No**

Old owner information:____________________
New owner information:____________________

Name and Signature of Facility Supervising Physician or Facility Administrator or Facility Owner (Old or New)

Name: ____________________ **Title:** ____________________

Signature: ____________________

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Program Manager(s): ____________________ New ID # needed? YES NO

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