

DMAP Disclosure Statement Instructions

According to the Code of Federal Regulations title 42, part 455, sections 100-106, all providers enrolled with the DMAP program must complete a disclosure form.

If you are a provider with more than one taxonomy, but only one tax ID number, the information you provide for the first taxonomy will automatically apply to all taxonomies associated with that tax ID number.

If you cannot report all of the necessary information in a designated section of the form because of space limitations, please provide the information in the optional remarks section. The optional remarks section will allow you to enter up to 500 characters. It is located near the end of the form just above the signature line.

All required fields must be completed (with no blank lines between reported information). If you do not complete a required field, you will not be able to save the information. An error message in red lettering will appear at the beginning of the form and a red asterisk will appear in front of the line/field containing the error. More than one error message will appear if there is more than one type of error detected.

Each question has a link with specific information regarding that question. If you still need assistance after referencing the supplied links, please contact HP Provider Relations at 1-800-999-3371.

If you notice a mistake after successfully submitting the form, or the information provided has changed, you are able to log into the system, correct/update your entry, and re-submit your information. The new information will apply to all providers with the same Tax ID. Each year, the form will be re-set, and the applicable information will need to be re-entered.

Terms:

Drop down field refers to a field containing the  down arrow symbol

Instructions:

Question 1

The drop down field to the right of the question is a required field. Indicate Yes or No by choosing a value from the drop down box.

If your answer is Yes, provide the name of the person(s) and the description of the charge(s) in the space provided. You will have a maximum of 100 characters in the description field to provide your answer.

If your answer is No, leave the next section blank, and move to question #2.

Question 2

The drop down field to the right of the question is a required field. Indicate Yes or No by choosing a value from the drop down box.

If your answer is Yes, provide the name, street, city, state and zip code. You can enter up to four entries here. For each entry in question 2 (A,B,C etc), you will need to provide at least one line of information with a name, street, city, state and zip code in the second section. Designate the correct name to associate with the line labeled A, B, C or D by choosing a value from the drop down box. If line A (B,C etc), requires two or more names be reported, choose A (B,C etc.) from the drop down field for all entries.

If your answer is No, leave the next section blank, and move to question #3.

Question 3

The drop down field to the right of the question is a required field. Indicate Yes or No by choosing a value from the drop down box.

If your answer is Yes, provide the name, street, city, state and zip code and a description of the business transaction. The field will accept up to 100 characters. Use the arrow keys on your keyboard to view the information entered.

If your answer is No, leave the next section blank, and move to question #4.

Question 4

At least one line in the A,B,C section is required. You will need to provide the name, street, city, state and zip code.

Note: Questions 5 and 6 relate to the information you provide in this section.

Question 5

The drop down field to the right of the question is a required field. Indicate Yes or No by choosing a value from the drop down box.

If your answer is Yes, indicate the line name (A, B, C, etc.) from question #4 by choosing a value from the drop down box. Then restate the name from question 4 and indicate the relationship by choosing a value from the drop down box.

If your answer is No, leave the next section blank, and move to question #6.

Question 6

The drop down field to the right of the question is a required field. Indicate Yes or No by choosing a value from the drop down box.

If your answer is Yes, indicate the line name (A, B, C, etc.) from question #4 by choosing a value from the drop down box. Then restate the name from question 4 and indicate the street, city, state and zip code.

If your answer is No, leave the next section blank, and move to the optional remarks section.

Last Page

The optional remarks section will allow you to enter up to 500 characters.

Type in the name of the authorized representative, date and title and click on the submit button.

Note: The reset button will erase all information.