

LEGAL ENTITY FILE UPDATE (LFU)
MH 3840 (8/06) (Provider Ownership Information)

COUNTY SUBMITTING FORM: _____

TYPE OF TRANSACTION (Check one): Add Change Inactive

LEGAL ENTITY NUMBER:

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 (To be assigned by DMH only.)

Corporate or Administrative Name and Address:

NAME: _____

ADDRESS: _____

CITY: _____

STATE:

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ZIP CODE:

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COUNTY CODE WHERE LEGAL ENTITY IS PHYSICALLY LOCATED:

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 (99 if out of state)

DATE ADDED TO LEGAL ENTITY FILE:

Y	Y	Y	Y	M	M	D	D		

 (Add records only)

DATE MADE INACTIVE:

Y	Y	Y	Y	M	M	D	D		

 (Inactive records only)

OWNERSHIP TYPE:

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 MANAGEMENT TYPE:

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(Use codes from the Ownership Type and Management Type Definitions.)

FEDERAL TAX PAYER ID:

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COUNTY
CONTACT PERSON: _____ PHONE: () DATE: _____