

# FAX

**To: VIRGINIA**  
Company:  
Fax: 5128326568  
Phone:

**From:**  
Fax:  
Phone:  
E-mail:

*To Provider Enrollment*

*Fax cover  
Not response*

---

## NOTES:

PAGE 5.3- THE PERCENTAGE OWNED FOR ALL PERSONS/ENTITIES LISTED CANNOT ADD UP TO MORE THAN 100%. PLEASE CORRECT.

ONCE COMPLETE PLEASE FAX TO 512-514-4214 REFERENCE KINTANA 4337763

---

**Date and time of transmission:** Thursday, December 29, 2011 9:53:30 AM  
**Number of pages including this cover sheet:** 02

*Xintan a*  
*433 7763*

## Texas Medicaid Provider Enrollment Application

<b>Hospital providers only:</b>	Are you a hospital facility? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	If Yes, indicate the type of hospital facility.	
	<input type="checkbox"/> Children's <input type="checkbox"/> Teaching Facility <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Private Full Care <input type="checkbox"/> Private Outpatient <input type="checkbox"/> Psychiatric <input type="checkbox"/> Rehabilitation <input type="checkbox"/> State-owned <input type="checkbox"/> Non-profit	
	Date of Construction?	
	If you are a hospital facility, what is your average daily room rate for private and semi-private?	Private      Semi-Private
<b>Public/Private entities: (required of all providers)</b>	Definition — Public entities are those that are owned or operated by a city, state, county, or other government agency or instrumentality, according to the Code of Federal Regulations, including any agency that can do intergovernmental transfers to the State. Public agencies include those that can certify and provide state matching funds.	
	Are you a private or public entity? <span style="float: right;"><input checked="" type="checkbox"/> Private <input type="checkbox"/> Public</span>	
	If you are a public entity, are you required to certify expended funds? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	Name and address of a person certifying expended funds:	

### Section B — Owners, Partners, Officers, Directors, and Principals

Identify sole proprietor or owners, partners, officers, directors, and principals (as defined in Principal Information Form (PIF-2)) of the applicant by providing, social security number, date of birth, driver's license # and state, and list the percentage of ownership, if applicable. Total ownership should equal 100%. As it relates to owners, include all individuals with 5% or more ownership in the company, whether this ownership is direct or indirect.

1	Name: <i>The Booyah Group, LLC</i>	Title: <i>owner</i>	Percentage Owned: <i>100%</i>
	Social Security Number: <i>20-0627534</i>	Date of birth: MM/DD/YYYY	Drivers license number/State issuer:
2	Name:	Title:	Percentage Owned:
	Social Security Number:	Date of birth: MM/DD/YYYY	Drivers license number/State issuer:
3	Name:	Title:	Percentage Owned:
	Social Security Number:	Date of birth: MM/DD/YYYY	Drivers license number/State issuer:
4	Name:	Title:	Percentage Owned:
	Social Security Number:	Date of birth: MM/DD/YYYY	Drivers license number/State issuer:

