

**CHECKLIST FOR HEALTHCARE CLINICS WITH CHANGE OF OWNERSHIP (CHOW)  
FOR AHCA LICENSING**

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1. Legal name of Clinic: \_\_\_\_\_
2. Address of Clinic: \_\_\_\_\_
3. Name of contact person: \_\_\_\_\_
4. Owners: Names and % of ownerships. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. IRS income tax form to be filed: \_\_\_\_\_
  - Please submit copy of last two years of tax returns and financial statements from current owner, along with Asset & Depreciation Schedule.
6. Nature of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Services Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please provide services pricing schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Date Clinic opened for business initially: \_\_\_\_\_
10. Hours of Operation: \_\_\_\_\_
11. Please provide us with the following information regarding staff and other paid individuals:
  - \*Full-Time Employees: # of employees, positions/titles, wage or salary for each. (Attach to this checklist)
  - \*Part-Time Employees: # of employees, positions/titles, wage or salary for each. (Attach to this checklist)
  - \*Subcontractors: Titles and pay scale for each. (Attach to this checklist)
  - \***Medical Director:** Name and # of hours worked per month and amount paid. \_\_\_\_\_  
\_\_\_\_\_

12. Do you accept Medicaid/Medicare? \_\_\_\_\_

13. Do you accept other health Insurance? If so, which ones: \_\_\_\_\_

\_\_\_\_\_

14. What are your methods of acquiring new patients? \_\_\_\_\_

\_\_\_\_\_

15. Do you advertise? If so, please list methods: \_\_\_\_\_

16. Please give us copies of:

- \*Main AHCA application form completed (draft acceptable)
- \*Insurance Policies for the clinic (Declaration page should be sufficient)
- \*Rental Leases if any: Including office lease and Equipment Leases.
- \*Any other loan/leasing agreements.

17. List of costs associated with opening business: (Attach to this checklist)

18. List of available funding sources, ie. Lines of Credit available, bank  
Accounts, etc. : \_\_\_\_\_

\_\_\_\_\_

19. List of any Equipment purchases since last tax year, including cost: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Any planned Equipment purchases in the future with estimated time frame and cost:

\_\_\_\_\_

\_\_\_\_\_

21. Projected % increase in revenues for next year (if known): \_\_\_\_\_

22. Provide copy of QuickBooks or estimated revenue & expenses.

23. Any other significant information we should know about, that would affect the  
operations and profitability of the Clinic:

\_\_\_\_\_

24. Provide copy of the Purchase & Sale Contract of the Business.

25. Provide copy of Lease Agreement & assignment to applicant.