

NOTICE OF MATERIAL CHANGE FORM

MEDICAL-PRACTICE GROUP TRANSACTIONS

Legal Authorities:

R.I. Gen. Laws § 6-36-22; 110-RICR-30-00-5

*For use beginning on
January 28, 2026*



General Instructions

This form shall be used to provide Notice of Material Change (“Notice”) involving a Rhode Island medical-practice group to the Office of the Attorney General (“RIAG”), as required by 110-RICR-30-00-5.

To complete this Notice, it is necessary to review and comply with 110-RICR-30-00-5, a copy of which is available on the RIAG website at riag.ri.gov/rules_regulations. Certain terms used in this form are defined in 110-RICR-30-00-5.5.3. Each party to the proposed transaction shall independently submit a completed Notice.

Completed forms shall be submitted to HCMaterialChange@riag.ri.gov no fewer than sixty (60) days before the effective date of any transaction resulting in a Material Change. The RIAG is not required to respond to a submission; however, the RIAG may contact the filer if the submission is incomplete or requires clarification.

After submission, filers are required to notify the RIAG of any updates to the information provided in this Notice within ten (10) business days. The RIAG reserves the right to take further action or request additional information regarding any proposed Material Change.

Questions regarding this form should be directed to HCMaterialChange@riag.ri.gov.



Notification of Material Change

Please respond to the questions on the following pages within the fillable boxes provided.

Name of Transacting Party ("Filer"):

Date of Notice:

Federal Tax ID #:

NPI #:

Business Address:

City or Town:

State:

Zip

Contact Person:

Title:

Contact Email:

Contact Phone:



1. Describe the proposed transaction, including but not limited to the parties to the transaction and the nature and purpose of the proposed transaction:



2. Type of Material Change — check the box that most accurately describes the proposed Material Change:

The merger, consolidation or other affiliation of a medical-practice group with:

- ☐ Another medical-practice group that results in a medical-practice group comprised of eight (8) or more physicians, physician assistants, and/or nurse practitioners, or
- ☐ A hospital, hospital system, captive professional entity, medical foundation or other entity organized or controlled by such hospital or hospital system;

The acquisition of all or substantially of all the properties, assets, capital stock, membership interests, or other equity interests of a medical practice group by:

- ☐ Another medical-practice group that results in a medical-practice group comprised of eight (8) or more physicians, physician assistants, and/or nurse practitioners; or
- ☐ A hospital, hospital system, captive professional entity, medical foundation or other entity organized or controlled by such a hospital or hospital system;

The employment of all or substantially all of the physicians of a medical-practice group by:

- ☐ Another medical-practice group that results in a medical-practice group comprised of eight (8) or more physicians, physician assistants, and/or nurse practitioners; or
- ☐ A hospital, hospital system, captive professional entity, medical foundation or other entity organized by, controlled by or otherwise affiliated with such hospital or hospital system;

The acquisition of one (1) or more insolvent medical-practice groups by:

- ☐ Another medical-practice group that results in a medical-practice group comprised of eight (8) or more physicians, physician assistants, and/or nurse practitioners; or
- ☐ A hospital, hospital system, captive professional entity, medical foundation or other entity organized or controlled by such a hospital or hospital system;



- ☐ Any formation of a partnership, joint venture, accountable care organization, parent corporation, management services organization, or other organization created for administering contracts with health insurance carriers or third-party administrators or current or future contracting on behalf of one or more medical-practice groups;
- ☐ Transaction involving a significant equity investor which results in a change of ownership or control of a medical-practice group.

3. What is the proposed effective date of the proposed Material Change?

4. Identify all existing locations where the Filer currently provides health care services, and briefly describe the existing health care services offered at each location:



5. Identify any new health care services and locations, or changes to existing health care services and locations, that are expected to result from the proposed Material Change:



6. Describe the anticipated impact of the proposed Material Change, including but not limited to any impact on reimbursement rates, care referral patterns, access to health care services, and quality of care:



Supplemental Materials

7. Submit any applicable supplemental materials relevant to the proposed Material Change, such as copies of agreements governing the proposed Material Change or documents supporting your description of the anticipated impact of the proposed Material Change, to HCMaterialChange@riag.ri.gov.

The information and materials supplied to the RIAG pursuant to 110-RICR-30-00-5 shall not be made public or disclosed by the RIAG or their employees, except to the extent necessary for law enforcement purposes in the public interest, in accordance with R.I. Gen. Laws 6-36-9(i)(3).



Signature Page Required for Complete Submission

I, the undersigned, certify that I have reviewed 110-RICR-30-00-5 (Pre-merger Notification Rule for Medical-Practice Groups) and that the information contained herein is true and accurate. I understand that if there are any changes to any of the information contained herein prior to the effective date of the proposed Material Change, I am required to submit a description of such changes to the RIAG, at HCMaterialChange@riag.ri.gov, within ten (10) calendar days of the change.

Signature: 

Printed Name: 

Title: 

Date: 

Submission Checklist:

- ☐ Ensure that a complete response has been provided to each question in this form.
- ☐ Complete and sign the certification above.
- ☐ Submit a PDF of the signed & completed form to the following email address: HCMaterialChange@riag.ri.gov

