



**Office of Health Care Quality
Financial Issue Report Form**



Name of Provider: _____

Type of Provider: _____

In the last fiscal year, has the above-mentioned provider experienced any of the following financial issues?

Issue	Yes	No
Bankruptcy filings, including parent company and subsidiaries of the provider		
Tax liens from the local jurisdiction in which the provider is located, the State of Maryland, or the Internal Revenue Service		
Receipt of a going concern, adverse, disclaimer, or qualified audit opinion during an annual audit of financials conducted by a certified public accountant (CPA)		
Receipt of a liability offset notice from the Comptroller of Maryland or another Maryland or federal agency or department		
Receipt of an involuntary cancellation notice for an insurance policy the provider is obligated under contract or regulations to maintain		
Payroll, corporate, unemployment, or any other state or federal taxes more than 30 days in arrears		
Unpaid lease, rental, or mortgage payments beyond any applicable cure periods		
Payroll returned for insufficient funds		
Any other adverse financial issues materially impairing the provider's fiscal solvency or ability to comply with the financial standards required by COMAR or any agreement the provider has with the State or OHCQ		

I attest that the information above is true and accurate.

Authorized Representative's Signature

Date

Print name

Title

Email

Phone number