

MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM

For CMS Use Only

Supplier Bidder No.

Date Application Received

Competitive Bid Area (CBA)

Supplier's Identifying Information

Supplier's Legal Business Name

Primary Supplier's Legal Business Name (if network)

FORM A: APPLICATION FOR DMEPOS COMPETITIVE BIDDING PROGRAM

NOTE: Please read all instructions completely. Suppliers with a single location or multiple locations must complete Section 1 -1a: Application for Suppliers. Networks, however, must complete Section 2-2b: Application for Networks.

Indicate how your Business Organization will be Bidding (choose only one):

- Supplier with a Single Location (Complete Section 1-1a)
- Supplier with Multiple Locations (Complete Section 1-1a)
- Network (Complete Section 2-2b)

Section 1: Application for Suppliers

Are you a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supplier that will provide competitively bid items only to its own residents? Yes No

A. Supplier's Identifying Information

Provide the legal business name and mailing address where correspondence will be sent to you by the Competitive Bidding Implementation Contractor (CBIC). This mailing address must match the mailing address on file with the National Supplier Clearinghouse (NSC) provided in Section 2.A.2 on the Medicare Enrollment Application Form CMS-855S.

Legal Business Name _____
(NOT your billing agent, staffing company, or managing organization)

Mailing Address Line 1 _____
(Street Name and Number)

Mailing Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Telephone Number _____ Fax Number _____ E-mail _____

NSC and NPI Identification Number

Provide the NSC and NPI number specific to this business location

NSC Identification Number _____ NPI Identification Number _____

Tax Identification Number

Provide the Tax Identification Number (TIN) issued by the IRS to the supplier completing this form. If a sole proprietor, social security number may be used.
TIN _____

Supplier's Legal Business Name

Supplier's Bidder No.

B. Supplier's Physical Address

Is the supplier's mailing address the same as the supplier's physical address provided in Question A.?

Yes No

If the answer is No, please complete the following information:

Physical Address Line 1 _____
(Street Name and Number)

Physical Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

C. "Doing Business As" (DBA) Name

Indicate the DBA name if different from the legal business name reported in Question A.

DBA (if applicable) _____

D. Establishment Information

Identify the two-letter abbreviation for the state in which your company was established or incorporated.

Established/Incorporated State _____

Indicate the length of time (number of months and years) this location has been in the business of furnishing DMEPOS items to any customer (including both Medicare and non-Medicare customers). Months _____ Years _____ in business

E. Contact Person

Provide the name(s) of the contact person who should be contacted to answer questions regarding the supplier's bid.

Contact Person(s) First Name _____ Last Name _____ Title _____
(PRINT)

Telephone (include area code) _____ E-Mail Address _____

Contact Person(s) First Name _____ Last Name _____ Title _____
(PRINT)

Telephone (include area code) _____ E-Mail Address _____

F. Key Personnel

Provide the name(s) and title(s) of the authorized official(s) or key personnel for the business organization.

Contact Person(s) First Name _____ Last Name _____ Title _____
(PRINT)

Telephone (include area code) _____ E-Mail Address _____

Contact Person(s) First Name _____ Last Name _____ Title _____
(PRINT)

Telephone (include area code) _____ E-Mail Address _____

G. Type of Business

Select the business type for the location identified by the NSC number in Question A. If "Other", briefly describe the supplier's type of business. Bidders must submit certain financial documentation based on the type of business identified in this response. Refer to Section III.C.1 of the Request for Bid (RFB) instructions for a list of required documents.

Corporation (LLC, Professional Corporation, S Corp and C Corp)

Municipality and State Owned

Sole Proprietorship

Partnership

Non-Profit Organization

H. Service Delivery

For the location identified in Question A., how will you service beneficiaries in a CBA? (Check all that apply)

Retail Location

Mail Order

Home Delivery

I. Sanctions

Indicate whether the location identified in Question A or any other location has been subject to any past or current legal actions, sanctions, including debarments? (If yes, please see RFB instructions) □ Yes □ No

J. Accreditation Information

Is the location identified in Question A. accredited by a Medicare approved accreditation organization? □ Yes □ No

If the answer is yes, what is the name of the Medicare approved accreditation organization?

For which product specific area(s) are you accredited? _____

Indicate your accreditation issue date and expiration date: _____
Issue Date (Month/Year) Expiration Date (Month/Year)

K. Indicate the CBA(s) and the Product Category(s) for which this location is submitting a bid.

Charlotte-Gastonia-Concord, NC-SC

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Cincinnati-Middletown, OH-KY-IN

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Cleveland-Elyria-Mentor, OH

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Dallas-Fort Worth-Arlington, TX

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Kansas City, MO-KS

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Miami-Fort Lauderdale-Pompano Beach, FL

- | | |
|--|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories
<input type="checkbox"/> Support Surfaces (Group 2 mattresses and overlays) | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|--|--|

Orlando-Kissimmee, FL

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Pittsburgh, PA

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Riverside-San Bernardino-Ontario, CA

- | | |
|---|--|
| <input type="checkbox"/> Oxygen Supplies & Equipment
<input type="checkbox"/> Enteral Nutrients, Equipment , & Supplies
<input type="checkbox"/> Mail-Order Diabetic Supplies
<input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Walkers & Related Accessories
<input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories
<input type="checkbox"/> Hospital Beds and Related Accessories
<input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
|---|--|

Section 1a. Location-Specific Questions**L. Additional Physical Location Information**

Provide the requested information for the first additional location in your business organization. You must provide the unique NSC number that applies to this location.

Legal Business Name _____ DBA (if different) _____

Physical Address Line 1 _____
(Street Name and Number)

Physical Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Toll Free Number _____ E-mail address: _____

NSC Number (for this location) _____ NPI Number (for this location) _____ TIN Number _____

List the CBA(s) and product categories for which this location is bidding.

Charlotte-Gastonia-Concord, NC-SC

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Cincinnati-Middletown, OH-KY-IN

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Cleveland-Elyria-Mentor, OH

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Dallas-Fort Worth-Arlington, TX

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Kansas City, MO-KS

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Miami-Fort Lauderdale-Pompano Beach, FL

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
| <input type="checkbox"/> Support Surfaces (Group 2 mattresses and overlays) | |

Orlando-Kissimmee, FL

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Pittsburgh, PA

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Riverside-San Bernardino-Ontario, CA

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM

For CMS Use Only

Supplier Bidder No.

Date Application Received

Competitive Bid Area (CBA)

Supplier's Identifying Information

Supplier's Legal Business Name

Primary Supplier's Legal Business Name (if network)

FORM A: APPLICATION FOR NETWORKS

NOTE: Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.

Indicate how your Business Organization will be Bidding (choose only one):

- Supplier with a Single Location (See Application for Suppliers)
 Supplier with Multiple Locations (See Application for Suppliers)
 Network

Section 2: Application for Networks

A. Primary Network Member Supplier's Identifying Information

Provide the legal business name and mailing address where correspondence will be sent to you by the Competitive Bidding Implementation Contractor (CBIC). This mailing address must match the mailing address provided in Section 2.A.2 on the Medicare Enrollment Application Form CMS-855S.

Legal Business Name _____
(NOT your billing agent, staffing company, or managing organization)

Mailing Address Line 1 _____
(Street Name and Number)

Mailing Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

NSC and NPI Identification Number

Provide the NSC and NPI number specific to this business location

NSC Identification Number _____ NPI Identification Number _____

Tax Identification Number

Provide the Tax Identification Number (TIN) issued by the IRS to the supplier completing this form. If a sole proprietor, social security number may be used.

TIN _____

B. Primary Network Supplier's Physical Address

Is the supplier's mailing address the same as the supplier's physical address provided in Section 2, Question A.? Yes No
 If the answer is No, please complete the following information:

Physical Address Line 1 _____
 (Street Name and Number)

Physical Address Line 2 _____
 (Suite, Room, etc.)

City/Town _____ State _____ Zip _____

C. "Doing Business As" (DBA) Name

Provide the DBA name if different from the legal business name reported in Question A.

DBA (if applicable) _____

D. Establishment Information

Identify the two-letter abbreviation for the state in which your company was established or incorporated.

Established/Incorporated State _____

Indicate the length of time (number of months and years) this location has been in the business of furnishing DMEPOS items to any customer (including both Medicare and non-Medicare customers). Months _____ Years _____ in business

E. Contact Person

Provide the name(s) of the contact person who should be contacted to answer questions regarding the supplier's bid.

Contact Person(s) First Name _____ Last Name _____ Title _____
 (PRINT)

Telephone (include area code) _____ E-Mail Address _____

Contact Person(s) First Name _____ Last Name _____ Title _____
 (PRINT)

Telephone (include area code) _____ E-Mail Address _____

F. Key Personnel

Provide the name(s) and title(s) of the authorized official(s) or key personnel for the business organization.

Contact Person(s) First Name _____ Last Name _____ Title _____
 (PRINT)

Telephone (include area code) _____ E-Mail Address _____

Contact Person(s) First Name _____ Last Name _____ Title _____
 (PRINT)

Telephone (include area code) _____ E-Mail Address _____

G. Type of Business

Select the business type for the location identified by the NSC number in Section 2, Question A. If "Other", briefly describe the supplier's type of business. Bidders must submit certain financial documentation based on the type of business identified in this response. Refer to Section III.C.1 of the Request for Bid (RFB) instructions for a list of required documents.

Corporation (LLC, Professional Corporation, S Corp and C Corp)

Municipality and State Owned

Sole Proprietorship

Partnership

Non-Profit Organization

H. Service Delivery

For the location identified in Section 2, Question A., how will you service beneficiaries in a CBA? (Check all that apply)

Retail Location

Mail Order

Home Delivery

I. Sanctions

Indicate whether the location identified in Question A or any other location has been subject to any past or current legal actions, sanctions, including debarments? (If yes, please see RFB instructions) Yes No

J. Accreditation Information

Is the location identified in Section 2, Question A. accredited by a Medicare approved accreditation organization? Yes No
If the answer is yes, what is the name of the Medicare approved accreditation organization?

For which product specific area(s) are you accredited? _____

Indicate your accreditation issue date and expiration date: _____
Issue Date (Month/Year) Expiration Date (Month/Year)

K. Indicate the CBA(s) and the Product Category(s) for which this location is submitting a bid.**Charlotte-Gastonia-Concord, NC-SC**

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Cincinnati-Middletown, OH-KY-IN

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Cleveland-Elyria-Mentor, OH

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Dallas-Fort Worth-Arlington, TX

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Kansas City, MO-KS

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Miami-Fort Lauderdale-Pompano Beach, FL

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
| <input type="checkbox"/> Support Surfaces (Group 2 mattresses and overlays) | |

Orlando-Kissimmee, FL

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Pittsburgh, PA

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Riverside-San Bernardino-Ontario, CA

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Section 2a: Location-Specific Questions for Primary Network Supplier**L. Additional Physical Location Information for Primary Network Supplier**

Please provide the requested information for each location in your business organization. You must provide the unique NSC number that applies to each location. The primary network member should provide information for all of its locations first.

Legal Business Name _____ DBA (if different) _____

Physical Address Line 1 _____
(Street Name and Number)

Physical Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Toll Free Number _____ E-mail address: _____

NSC Number (for this location) _____ NPI Number (for this location) _____ TIN Number _____

List the CBA(s) and product category(s) for which this location is bidding.

Charlotte-Gastonia-Concord, NC-SC

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Cincinnati-Middletown, OH-KY-IN

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Cleveland-Elyria-Mentor, OH

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Dallas-Fort Worth-Arlington, TX

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Kansas City, MO-KS

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Miami-Fort Lauderdale-Pompano Beach, FL

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |
| <input type="checkbox"/> Support Surfaces (Group 2 mattresses and overlays) | |

Orlando-Kissimmee, FL

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Pittsburgh, PA

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Riverside-San Bernardino-Ontario, CA

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies & Equipment | <input type="checkbox"/> Walkers & Related Accessories |
| <input type="checkbox"/> Enteral Nutrients, Equipment, & Supplies | <input type="checkbox"/> CPAP Devices, Respiratory Assist Devices, & Related Supplies & Accessories |
| <input type="checkbox"/> Mail-Order Diabetic Supplies | <input type="checkbox"/> Hospital Beds and Related Accessories |
| <input type="checkbox"/> Standard Power Wheelchairs, Scooters, & Related Accessories | <input type="checkbox"/> Complex Rehabilitative Power Wheelchairs & Related Accessories (Group 2) |

Supplier's Legal Business Name

Supplier's Bidder No.

M. Accreditation Information for Locations Serving this CBA

Is the location identified in Section 2a, Question L. accredited by a Medicare approved accreditation organization? Yes No

If the answer is yes, what is the name of the Medicare approved accreditation organization?

For which product specific area(s) are you accredited? _____

Indicate your accreditation issue date and expiration date: _____
Issue Date (Month/Year) Expiration Date (Month/Year)

N. Supplier Business Information

Provide the length of time (number of months and years) this location has been in the business of furnishing DMEPOS items to any customer (including Medicare and non-Medicare customers). Months _____ Years _____ in business

Section 2b: Additional Network Member Information

O. Network Member's Identifying Information

Provide the legal business name and physical address.

1. Legal Business Name _____
(NOT your billing agent, staffing company, or managing organization)

Physical Address Line 1 _____
(Street Name and Number)

Physical Address Line 1 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

NSC and NPI Identification Number

Provide the NSC and NPI number specific to this business location

NSC Identification Number _____ NPI Identification Number _____

Tax Identification Number

Provide the Tax Identification Number (TIN) issued by the IRS to the supplier completing this form. If a sole proprietor, social security number may be used.

TIN _____

Accreditation

Is this location of the network member accredited by a Medicare approved accreditation organization? Yes No

If the answer is yes, what is the name of the Medicare approved accreditation organization?

For which product specific area(s) is this location accredited? _____

Indicate the accreditation issue date and expiration date: _____
Issue Date (Month/Year) Expiration Date (Month/Year)

