FORM A: APPLICATION FOR DMEPOS COMPETITIVE BIDDING PROGRAM

Please read all instructions completely. Suppliers with a single location or multiple locations must complete Sections 1 (Application for Suppliers) and 1a (Location Specific Questions). Multiple location suppliers must also complete Section 1b (Location Specific Questions – Additional Locations) for each additional location. Networks must complete Section 2; do not complete any part of Section 1.

Section 1: Application for Suppliers

A. Business Organization Information

Legal Business Name ____________________________

Indicate how your business organization will be bidding (choose only one option).

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

If you selected “Supplier with Multiple Locations,” select one of the following that best describes your business organization structure.

☐ Subsidiary of a parent company/holding company
☐ Commonly owned or commonly controlled
☐ National Chain
☐ Franchise
☐ None of the above

If “None of the above,” briefly describe the supplier’s type of business. _______________________________________

B. Specialty Supplier

Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supplier and plans to furnish competitively bid items only to its own residents?  ☐ Yes  ☐ No
C. Contact Person

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business organization.

Contact Person(s): First Name_________________________ Last Name_________________________ Title_________________________

E-Mail Address____________________________________ Telephone (include area code)_________________________

D. Authorized Official or Key Personnel

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

Key Personnel: First Name_________________________ Last Name_________________________ Title_________________________

E. Accreditation

By the close of the bid window, all locations must meet Medicare enrollment requirements, including being accredited for all items in the product category(s) for which the bidder is submitting a bid. As required by 42 CFR § 414.414, each bidder must be enrolled, meet quality standards, and be accredited in order to be awarded a contract. Individual locations of a supplier with multiple locations must separately meet these requirements to be included in a contract offer.

Identify the name(s) of the Medicare-approved organization(s) that has accredited your business organization for the product category(s) in which you are bidding.

Accrediting Organization________________________________________

I acknowledge and understand that I, as a bidder, must be properly accredited to furnish the specific item(s) and service(s) included in the bid. This information must be on file in each location’s Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) □ Yes

F. Licensure

By the close of the bid window, all locations must meet Medicare enrollment requirements, including possessing all applicable state license(s) for the product category(s) and areas for which the bidder is submitting a bid. Bidders will be disqualified if they do not meet all state licensure requirements for the applicable product categories.

I acknowledge and understand that I, as a bidder, have the applicable state licenses for every item in every product category for each CBA for which I am bidding. This information must be on file in each location’s Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) □ Yes
G. Business Information

Provide the number of years and months your organization has been in business.

Years_______ Months_______ in business

H. Type of Business

Select the business type that describes your organization. Bidders must submit certain financial documentation based on the type of business identified in this response. Refer to the Request for Bid (RFB) instructions for a checklist of required documents.

☐ Corporation (LLC, Professional Corporation, S Corp and C Corp)  ☐ Municipality and State Owned
☐ Sole Proprietorship  ☐ Partnership  ☐ Non-Profit Organization

I. Service Delivery

How will your organization furnish items and services to Medicare beneficiaries? (Check all that apply.)

☐ Retail Location with Home Delivery  ☐ Mail Order  ☐ Home Delivery

J. Sanctions

Does your organization or any location(s) on your bid have any current or past legal actions, or sanctions such as debarment within the past five (5) years?

☐ Yes  ☐ No

If yes, please refer to RFB instructions for additional information that you must submit.

K. CBA and Product Category

Identify below all of the CBA(s) and product category(s) combinations for which your organization is submitting a bid(s).

Competitive Bidding Area (CBA) __________________________________________
Product Category __________________________________________

Competitive Bidding Area (CBA) __________________________________________
Product Category __________________________________________

Competitive Bidding Area (CBA) __________________________________________
Product Category __________________________________________

Form CMS-10169A (11/14) EFF (11/2014)
Section 1a. Location-Specific Questions

Please provide the requested information for your primary location. This is the location (PTAN) that you used when you registered for a User ID and password to access the DMEPOS Bidding System (DBidS).

A. Identifying Information

Provide the following information for the primary location:

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>Bidder Number</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Doing Business as Name (DBA)</th>
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<table>
<thead>
<tr>
<th>Mailing Address Line 1</th>
<th>(Street Name and Number)</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Mailing Address Line 2</th>
<th>(Suite, Room, etc.)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>ZIP</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Toll Free Number (if available)</th>
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<thead>
<tr>
<th>PTAN for this location</th>
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<table>
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<tr>
<th>Tax Identification Information Number (TIN)</th>
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B. Physical Address

Is the primary location’s mailing address the same as the physical address? ☐ Yes ☐ No

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

<table>
<thead>
<tr>
<th>Physical Address Line 1</th>
<th>(Street Name and Number)</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address Line 2</th>
<th>(Suite, Room, etc.)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. CBA and Product Category

Identify the CBA/product category combination(s) that your primary location will be servicing. This location can only be included in contract offers for the specific CBAs and product categories you identify here. You must select at least one combination for the primary location.

<table>
<thead>
<tr>
<th>Competitive Bidding Area (CBA)</th>
<th>Product Category</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
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<th>Product Category</th>
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Form CMS-10169A (11/14) EFF (11/2014)
## Section 1b. Location-Specific Questions- Additional Locations

If you have additional locations you want to add to your bid, please complete the section below. You must include all commonly-owned or commonly-controlled locations that are located in, or would furnish items to beneficiaries who maintain a permanent residence in any of the CBAs included on your bid.

### A. Identifying Information

Provide the following information for every additional location you want to include in your bid.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Legal Business Name</td>
<td></td>
</tr>
<tr>
<td>Doing Business as Name (DBA)</td>
<td></td>
</tr>
<tr>
<td>Mailing Address Line 1</td>
<td>(Street Name and Number)</td>
</tr>
<tr>
<td>Mailing Address Line 2</td>
<td>(Suite, Room, etc.)</td>
</tr>
<tr>
<td>City/Town</td>
<td>State ZIP</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Toll Free Number (if available)</td>
</tr>
<tr>
<td>PTAN for this location</td>
<td></td>
</tr>
<tr>
<td>Tax Identification Information Number (TIN)</td>
<td></td>
</tr>
</tbody>
</table>

### B. Physical Address

Is the location's mailing address the same as the physical address?  □ Yes □ No

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address Line 1</td>
<td>(Street Name and Number)</td>
</tr>
<tr>
<td>Physical Address Line 2</td>
<td>(Suite, Room, etc.)</td>
</tr>
<tr>
<td>City/Town</td>
<td>State Zip</td>
</tr>
</tbody>
</table>

### C. CBA and Product Category

Identify the CBA/product category combination(s) that the location will be servicing. This location can only be included in contract offers for the specific CBAs and product categories you identify here.

<table>
<thead>
<tr>
<th>Competitive Bidding Area (CBA)</th>
<th>Product Category</th>
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MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM

FORM A: APPLICATION FOR NETWORKS

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 option).

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

Section 2: Application for Networks

A. Business Organization Information

Do the Network Members have a signed legal contract that establishes the network? ☐ Yes ☐ No

Network Name______________________________________________

B. Specialty Supplier

Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supplier that plans to furnish competitively bid items only to its own residents? ☐ Yes ☐ No

C. Contact Person

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network organization.

Contact Person(s): First Name_________________________ Last Name_________________________ Title_________________________

E-Mail Address____________________________________ Telephone (include area code)_________________________
D. Authorized Official or Key Personnel

Provide the name(s) and title(s) of authorized officials or key personnel for the network.

Key Personnel: First Name ___________________________ Last Name ___________________________ Title ___________________________

E. Accreditation

By the close of the bid window, all network locations must meet Medicare enrollment requirements, including being accredited for all items in the product category(s) for which the supplier is submitting a bid. As required by 42 CFR § 414.414 (c), each bidder must be enrolled, meet quality standards, and be accredited in order to be awarded a contract. Individual locations of a supplier with multiple locations must separately meet these requirements to be included in a contract offer.

Identify the name(s) of the Medicare-approved organization(s) that has accredited the network members for the product category(s) in which you are bidding.

Accrediting Organization __________________________________________________________

I acknowledge and understand that all members of the network must have a location or locations that is/are properly accredited to furnish the specific item(s) and service(s) included in the bid. This information must be on file in the organization’s enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) □ Yes

F. Licensure

By the close of the bid window, all network locations must meet Medicare enrollment requirements, including possessing all applicable state license(s) for the product category(s) and areas for which the bidder is submitting a bid. Bidders will be disqualified if they do not meet all state licensure requirements for the applicable product categories.

I acknowledge and understand that I, as a bidder, have the applicable state licenses for every item in every product category for each CBA for which I am bidding. This information must be on file in each location’s Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) □ Yes

G. Business Information

Provide the number of years and months your primary network member has been in business.

Years _______ Months _______ in business

H. Type of Business

Select the business type that describes your network members’ business structure. Bidders must submit certain financial documentation based on the type of business identified in this response. Refer to the Request for Bid (RFB) instructions for a list of required documents and checklist.

□ Corporation (LLC, Professional Corporation, S Corp and C Corp) □ Municipality and State Owned

□ Sole Proprietorship □ Partnership □ Non-Profit Organization
Legal Business Name

Bidder Number

I. Service Delivery

How will your network furnish items and services to Medicare beneficiaries? (Check all that apply.)

☐ Retail Location with Home Delivery  ☐ Mail Order  ☐ Home Delivery

J. Sanctions

Does your network or any location(s) on your bid have any current or past legal actions, or sanctions, such as debarments within the past five (5) years?  ☐ Yes  ☐ No

If yes, please refer to RFB instructions for additional information that you must submit.

K. CBA and Product Category

Identify below all of the CBA(s) and product category(s) for which your network is submitting a bid(s).

Competitive Bidding Area (CBA) ____________________________
Product Category ____________________________

Competitive Bidding Area (CBA) ____________________________
Product Category ____________________________

Competitive Bidding Area (CBA) ____________________________
Product Category ____________________________
Section 2a. Location-Specific Questions
Please provide the requested information for your primary location. This is the location (PTAN) that you used when you registered for a User ID and password to access the DMEPOS Bidding System (DBidS).

A. Identifying Information

Provide the following information for the primary network member.

Legal Business Name ____________________________________________________________

Doing Business as Name (DBA) __________________________________________________

Mailing Address Line 1 __________________________________________________________

Mailing Address Line 2 __________________________________________________________

(Street Name and Number)

City/Town ________________________________________________________ State __________ Zip __________

Telephone Number ________________________________ Toll Free Number (if available) __________________

PTAN for this location ________________________________ NPI Identification Number __________________

Tax Identification Information Number (TIN) _______________________________________

B. Physical Address

Is the primary network member’s mailing address the same as the physical address? ☐ Yes ☐ No

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

Physical Address Line 1 __________________________________________________________

Physical Address Line 2 __________________________________________________________

(Suite, Room, etc.)

(Suite, Room, etc.)

City/Town ________________________________________________________ State __________ Zip __________

C. CBA and Product Category

Identify the CBA/product category combination(s) that your primary location will be servicing. You must select at least one CBA and product category for the primary location. This location can only be included in contract offers for the specific CBAs and product categories you identify here.

Competitive Bidding Area (CBA) ________________________________________________
Product Category ____________________________________________________________

Competitive Bidding Area (CBA) ________________________________________________
Product Category ____________________________________________________________

Competitive Bidding Area (CBA) ________________________________________________
Product Category ____________________________________________________________

Form CMS-10169A (11/14) EFF (11/2014)
Section 2b. Location-Specific Questions-Additional Locations

If you have additional locations and network member locations, please complete the following questions. You must include all commonly-owned or commonly-controlled locations that are located in (or would furnish items to beneficiaries that maintain a permanent residence in) any of the CBAs in your bid.

A. Identifying Information

Provide the following information for each additional location you want to include in your bid.

Network Member Name ____________________________________________________________

Legal Business Name ____________________________________________________________

Doing Business as Name (DBA) ____________________________________________________

Mailing Address Line 1 ____________________________________________________________

Mailing Address Line 2 ____________________________________________________________

City/Town __________________________ State ________ Zip ________

Telephone Number __________________________ Toll Free Number (if available)

PTAN for this location __________________________ NPI Identification Number

Tax Identification Information Number (TIN) ______________________________________________

B. Physical Address

Is the location’s mailing address the same as the physical address? □ Yes □ No

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

Physical Address Line 1 ____________________________________________________________

Physical Address Line 2 ____________________________________________________________

City/Town __________________________ State ________ Zip ________

C. CBA and Product Category

Identify the CBA/product category combination(s) that the location will be servicing. This location can only be included in contract offers for the specific CBAs and product category combinations you identify here.

Competitive Bidding Area (CBA) __________________________________________________

Product Category ____________________________________________________________

Competitive Bidding Area (CBA) __________________________________________________

Product Category ____________________________________________________________

Competitive Bidding Area (CBA) __________________________________________________

Product Category ____________________________________________________________