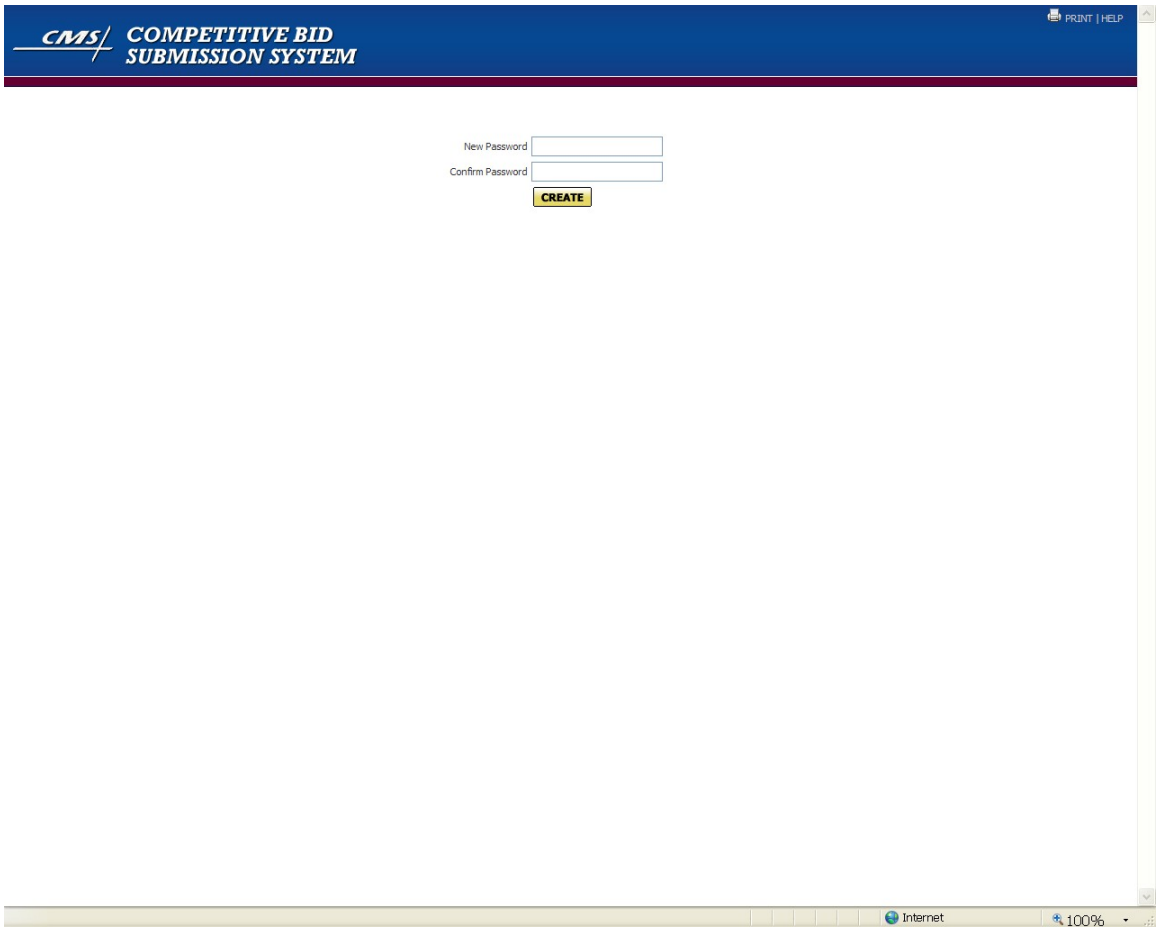
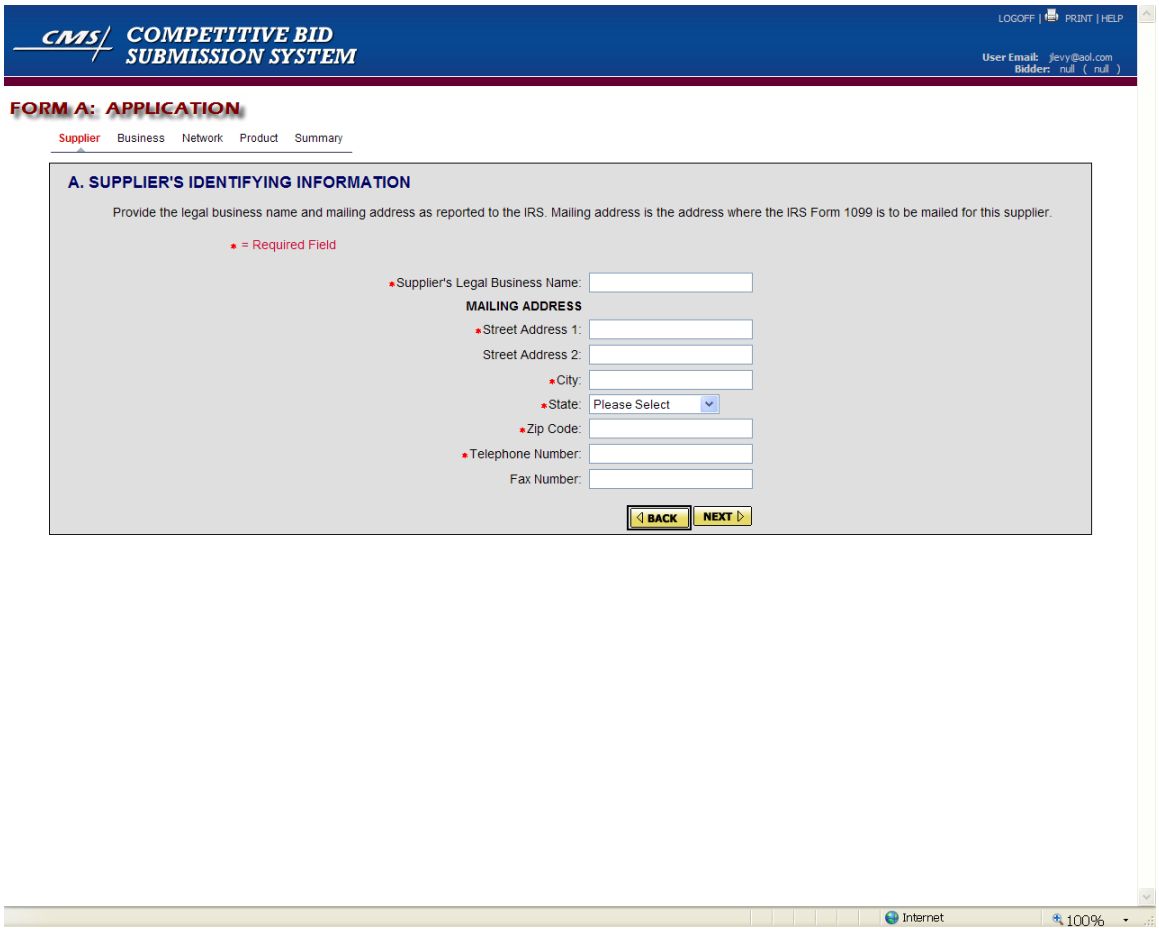
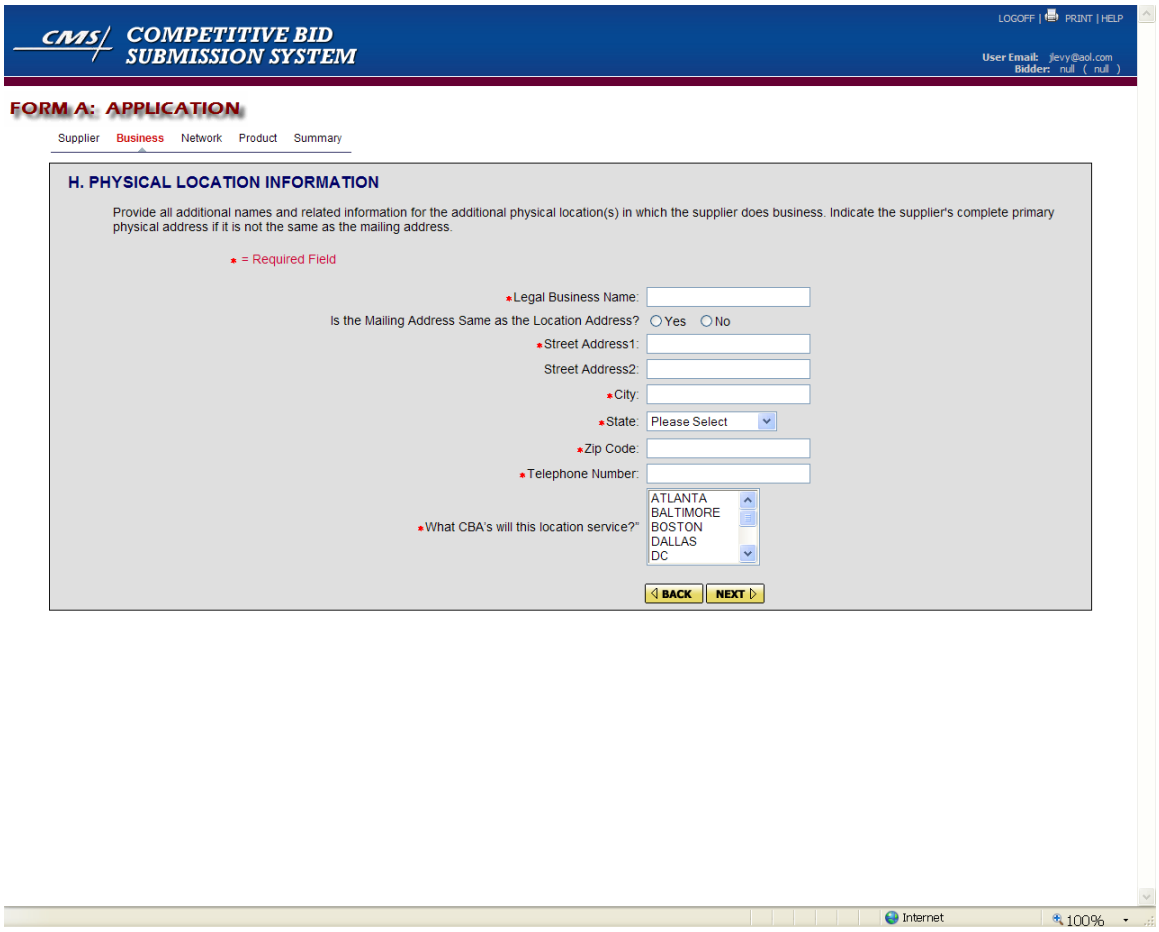
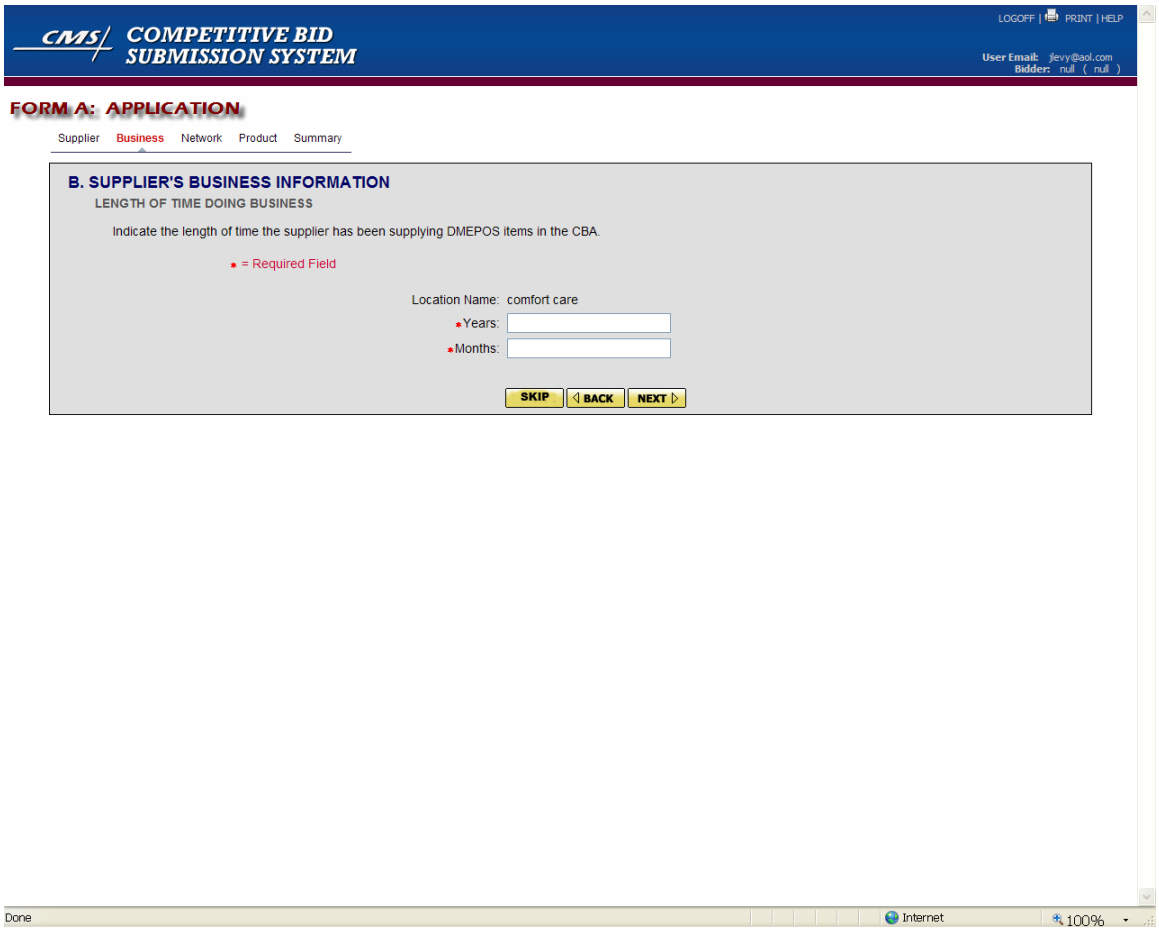
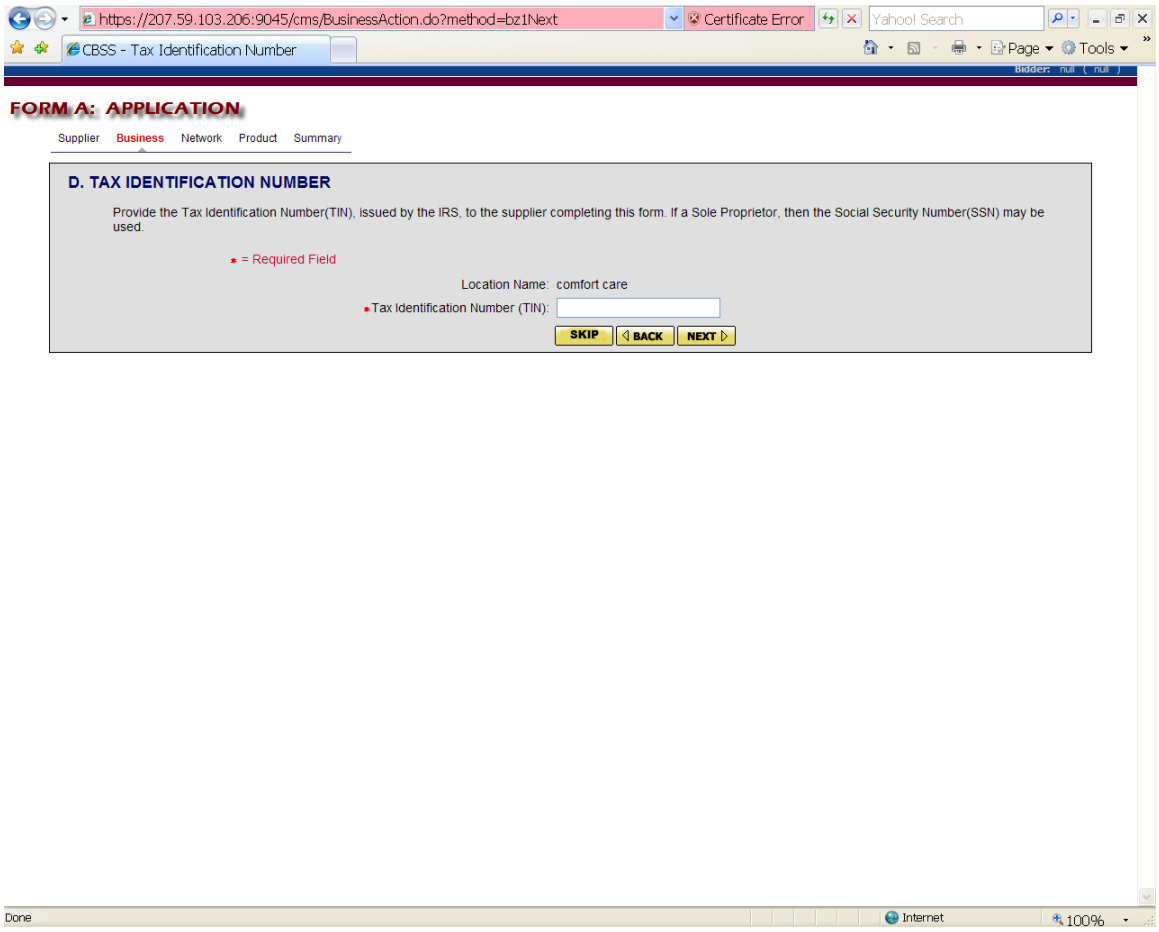
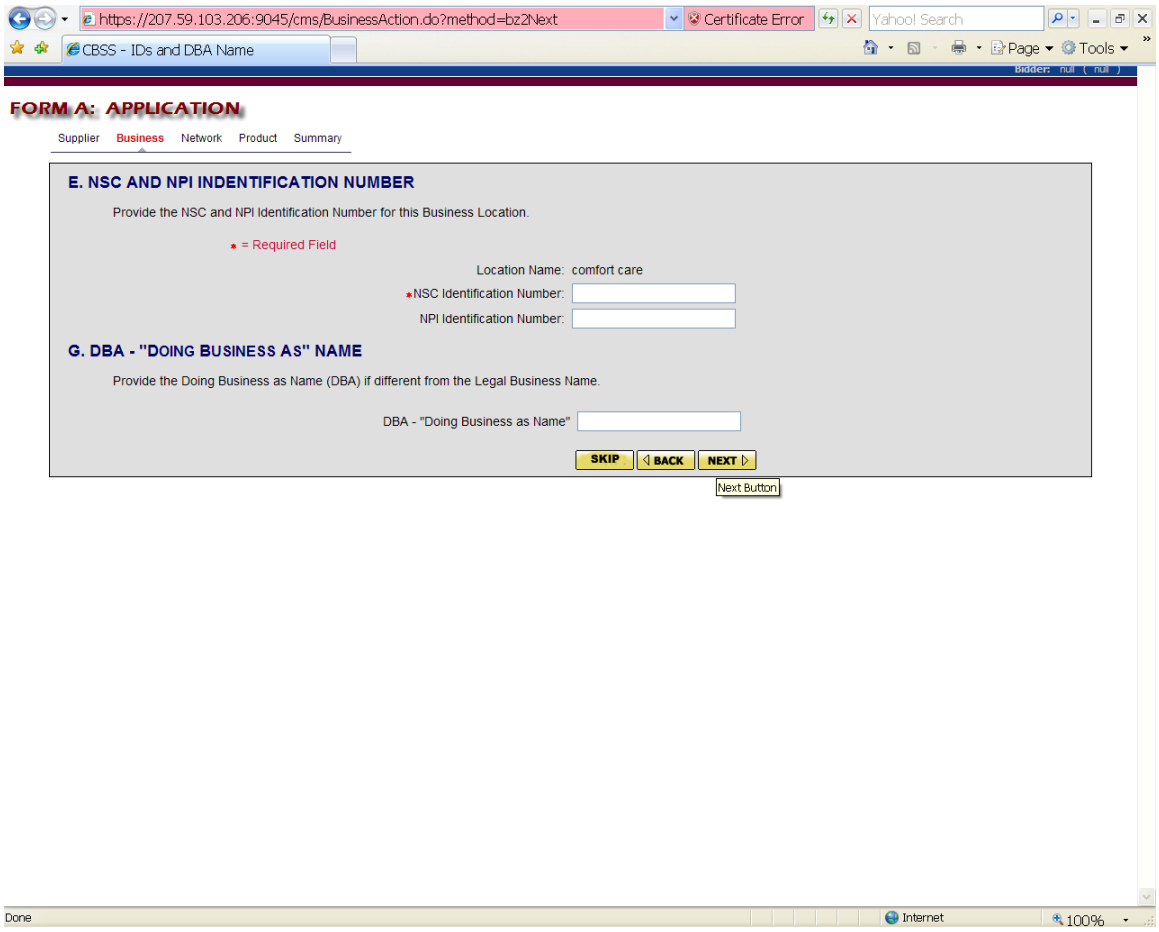

PRINT | HELP
COMPETITIVE BID
SUBMISSION SYSTEM
New Password
Confirm Password
CREATE
Internet
100%


CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
A. SUPPLIER'S IDENTIFYING INFORMATION
Provide the legal business name and mailing address as reported to the IRS. Mailing address is the address where the IRS Form 1099 is to be mailed for this supplier.
* = Required Field
*Supplier's Legal Business Name:
MAILING ADDRESS
*Street Address 1:
Street Address 2:
*City:
*State: Please Select
*Zip Code:
*Telephone Number:
Fax Number:
BACK NEXT
Internet
100%


CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
H. PHYSICAL LOCATION INFORMATION
Provide all additional names and related information for the additional physical location(s) in which the supplier does business. Indicate the supplier's complete primary physical address if it is not the same as the mailing address.
* = Required Field
*Legal Business Name:
Is the Mailing Address Same as the Location Address? Yes No
*Street Address1:
Street Address2:
*City:
*State: Please Select
*Zip Code:
*Telephone Number:
*What CBA's will this location service?
ATLANTA
BALTIMORE
BOSTON
DALLAS
DC
BACK
NEXT
Internet
100%


CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
B. SUPPLIER'S BUSINESS INFORMATION
LENGTH OF TIME DOING BUSINESS
Indicate the length of time the supplier has been supplying DMEPOS items in the CBA.
* = Required Field
Location Name: comfort care
*Years:
*Months:
SKIP
BACK
NEXT
Done
Internet
100%


https://207.59.103.206:9045/cms/BusinessAction.do?method=bz1Next
Certificate Error
Yahoo! Search
CBSS - Tax Identification Number
Page
Tools
Bidder: null (null)
FORM A: APPLICATION
Supplier
Business
Network
Product
Summary
D. TAX IDENTIFICATION NUMBER
Provide the Tax Identification Number(TIN), issued by the IRS, to the supplier completing this form. If a Sole Proprietor, then the Social Security Number(SSN) may be used.
* = Required Field
Location Name: comfort care
*Tax Identification Number (TIN):
SKIP
BACK
NEXT
Done
Internet
100%


https://207.59.103.206:9045/cms/BusinessAction.do?method=bz2Next
Certificate Error
Yahoo! Search
CBSS - IDs and DBA Name
Page
Tools
Bidder: null (null)
FORM A: APPLICATION
Supplier
Business
Network
Product
Summary
E. NSC AND NPI INDENTIFICATION NUMBER
Provide the NSC and NPI Identification Number for this Business Location.
* = Required Field
Location Name: comfort care
*NSC Identification Number:
NPI Identification Number:
G. DBA - "DOING BUSINESS AS" NAME
Provide the Doing Business as Name (DBA) if different from the Legal Business Name.
DBA - "Doing Business as Name"
SKIP
BACK
NEXT
Next Button
Done
Internet
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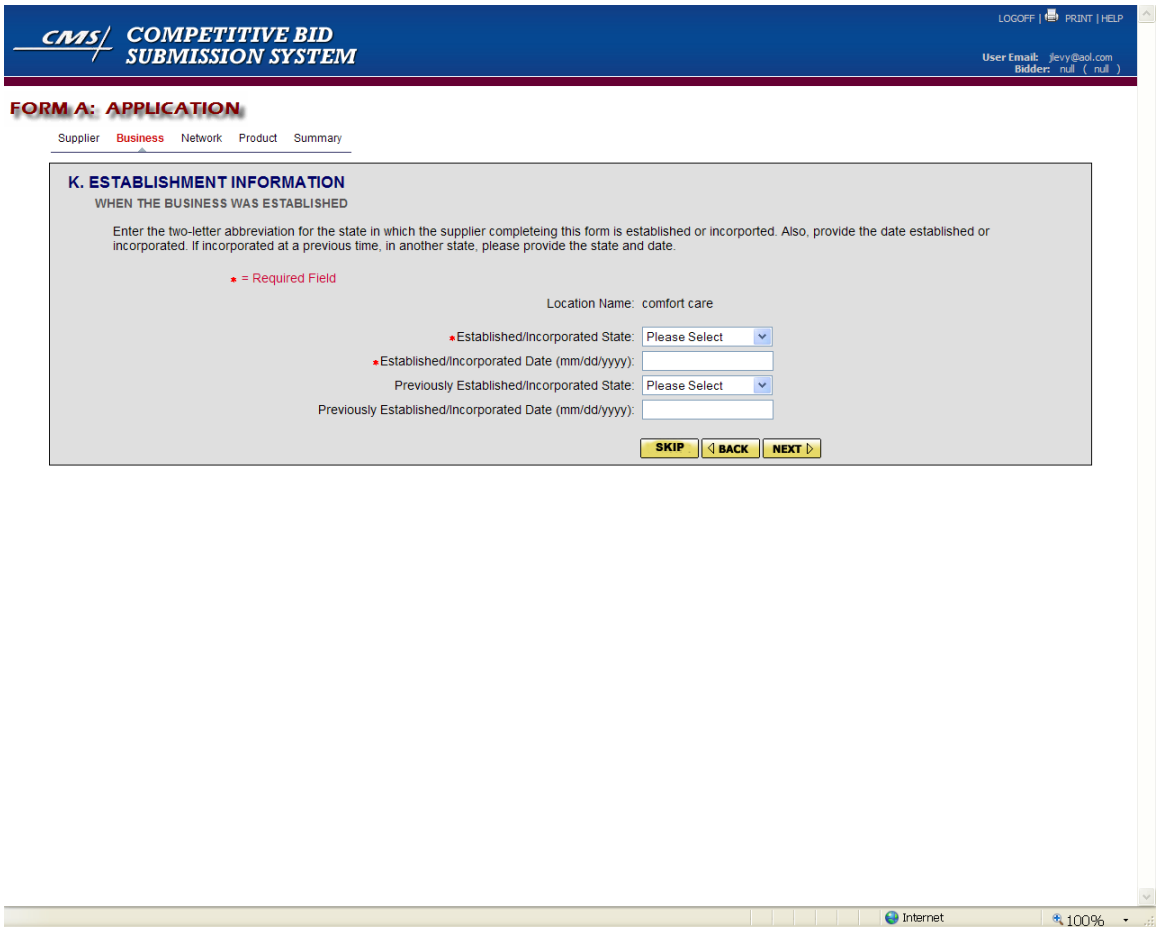
CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
K. ESTABLISHMENT INFORMATION
WHEN THE BUSINESS WAS ESTABLISHED
Enter the two-letter abbreviation for the state in which the supplier completeing this form is established or incorported. Also, provide the date established or incorporated. If incorporated at a previous time, in another state, please provide the state and date.
* = Required Field
Location Name: comfort care
*Established/Incorporated State: Please Select
*Established/Incorporated Date (mm/dd/yyyy):
Previously Established/Incorporated State: Please Select
Previously Established/Incorporated Date (mm/dd/yyyy):
SKIP BACK NEXT
Internet
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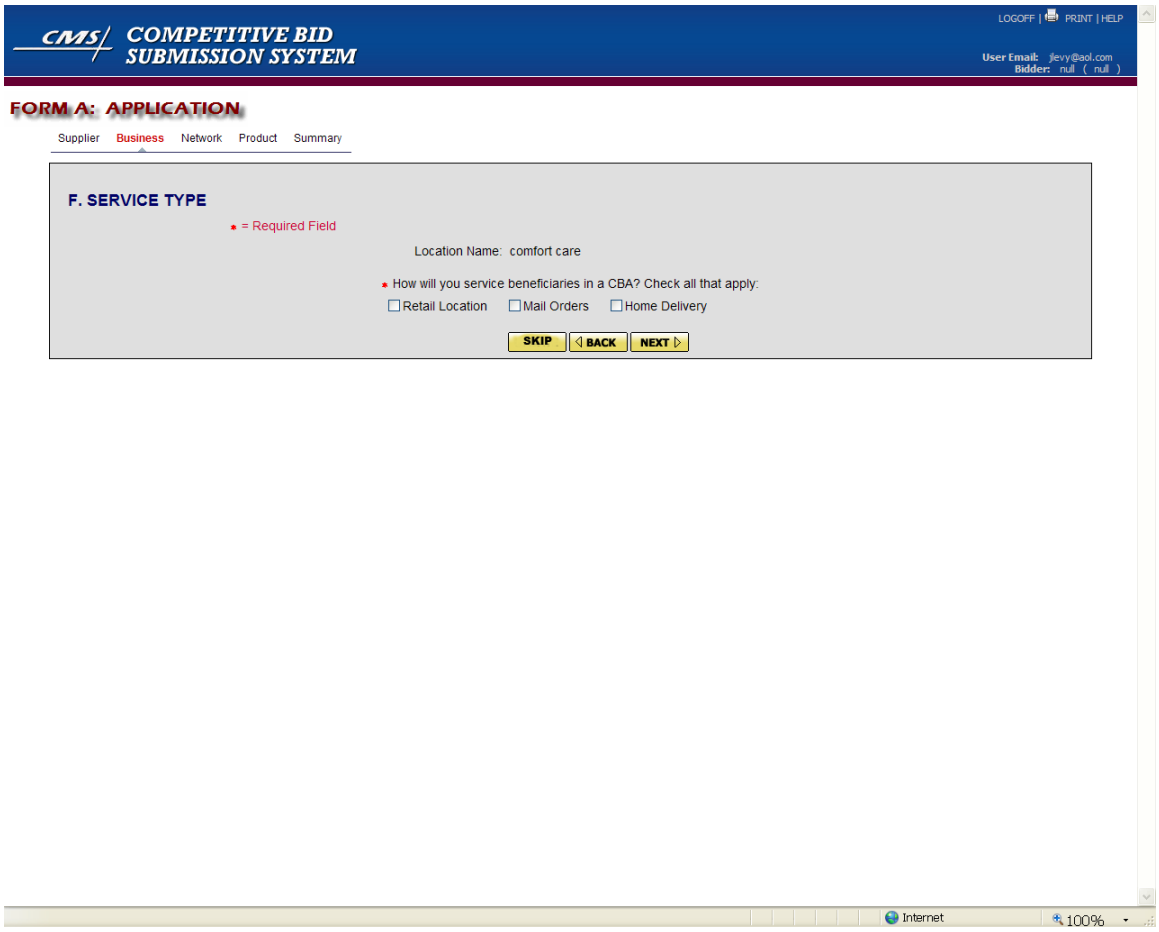
CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
F. SERVICE TYPE
* = Required Field
Location Name: comfort care
* How will you service beneficiaries in a CBA? Check all that apply:
Retail Location Mail Orders Home Delivery
SKIP BACK NEXT
Internet
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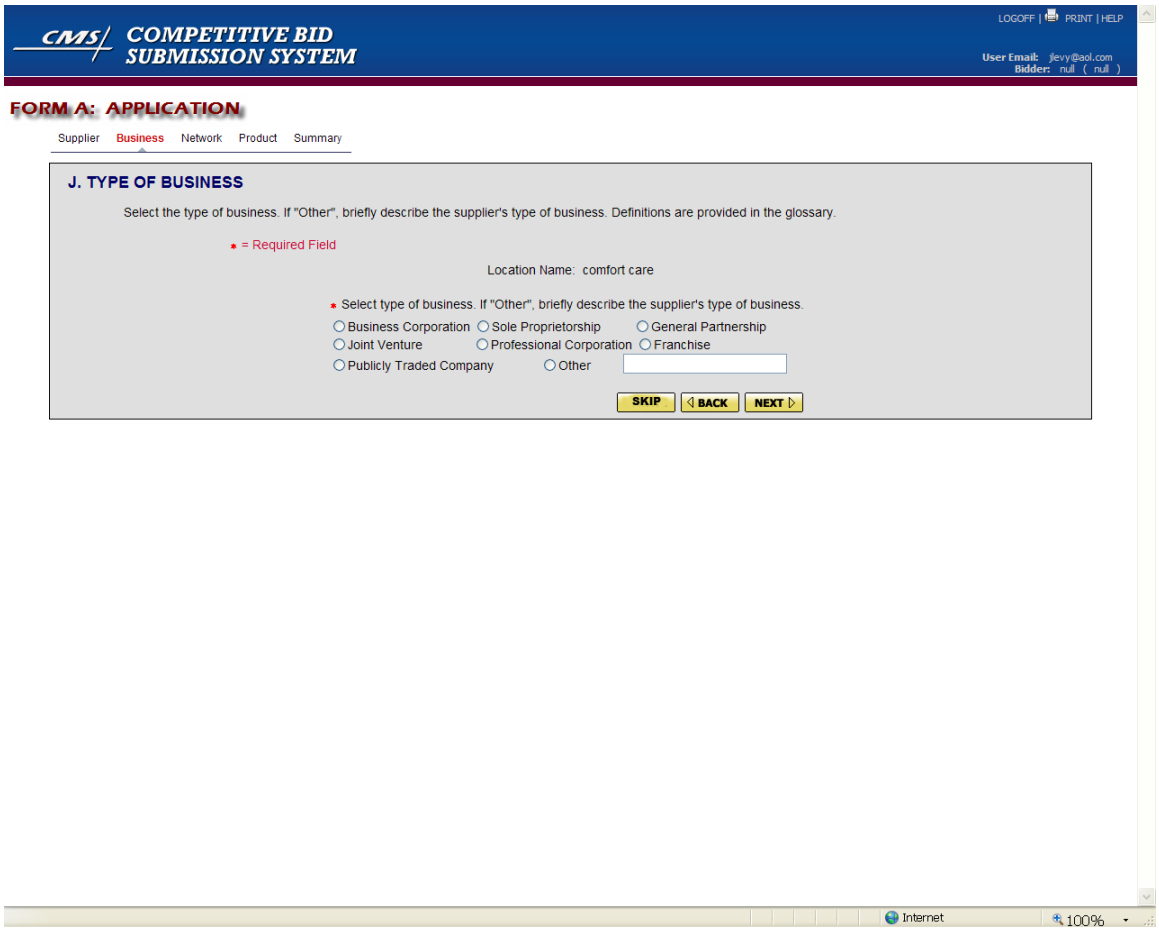
CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
J. TYPE OF BUSINESS
Select the type of business. If "Other", briefly describe the supplier's type of business. Definitions are provided in the glossary.
* = Required Field
Location Name: comfort care
* Select type of business. If "Other", briefly describe the supplier's type of business.
Business Corporation
Sole Proprietorship
General Partnership
Joint Venture
Professional Corporation
Franchise
Publicly Traded Company
Other
SKIP
BACK
NEXT
Internet
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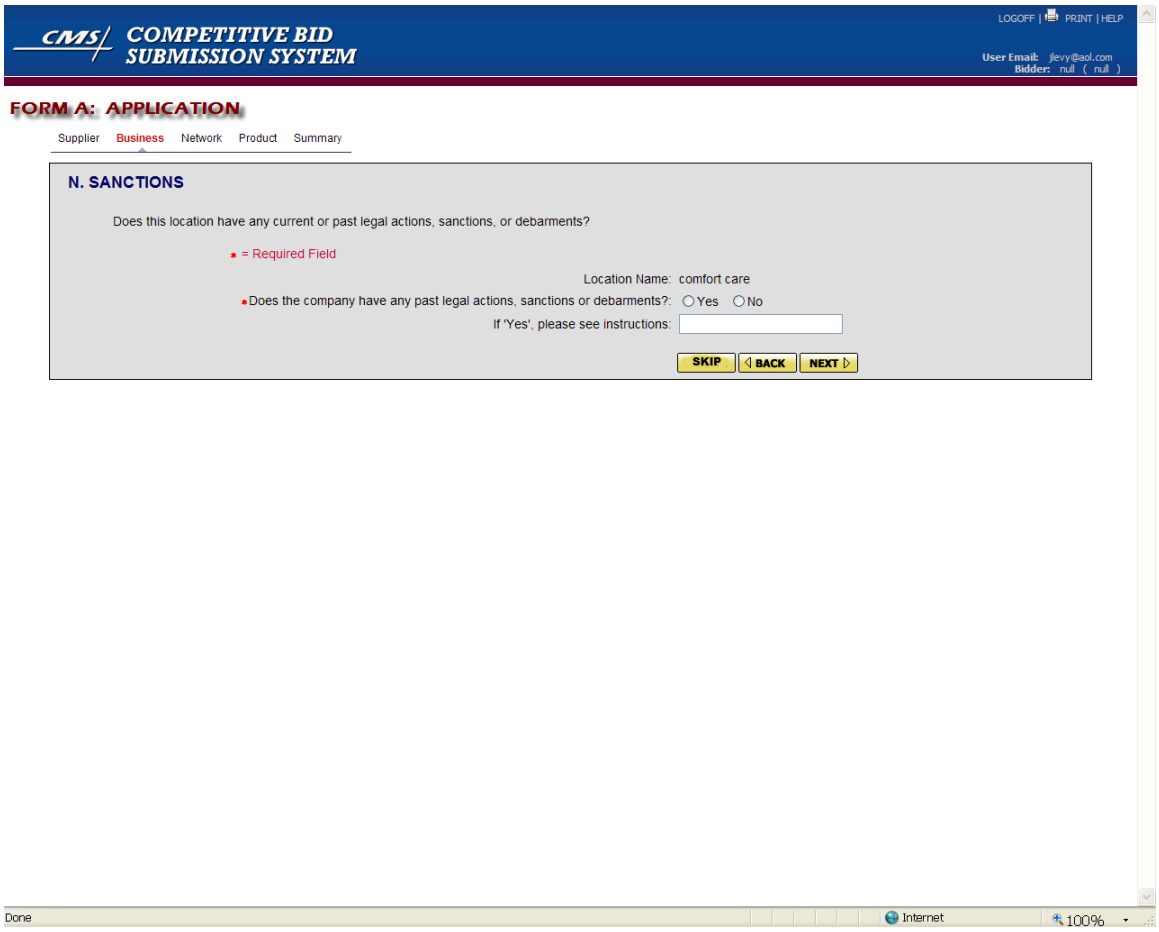
CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
N. SANCTIONS
Does this location have any current or past legal actions, sanctions, or debarments?
* = Required Field
Location Name: comfort care
*Does the company have any past legal actions, sanctions or debarments?: Yes No
If 'Yes', please see instructions:
SKIP BACK NEXT
Done
Internet
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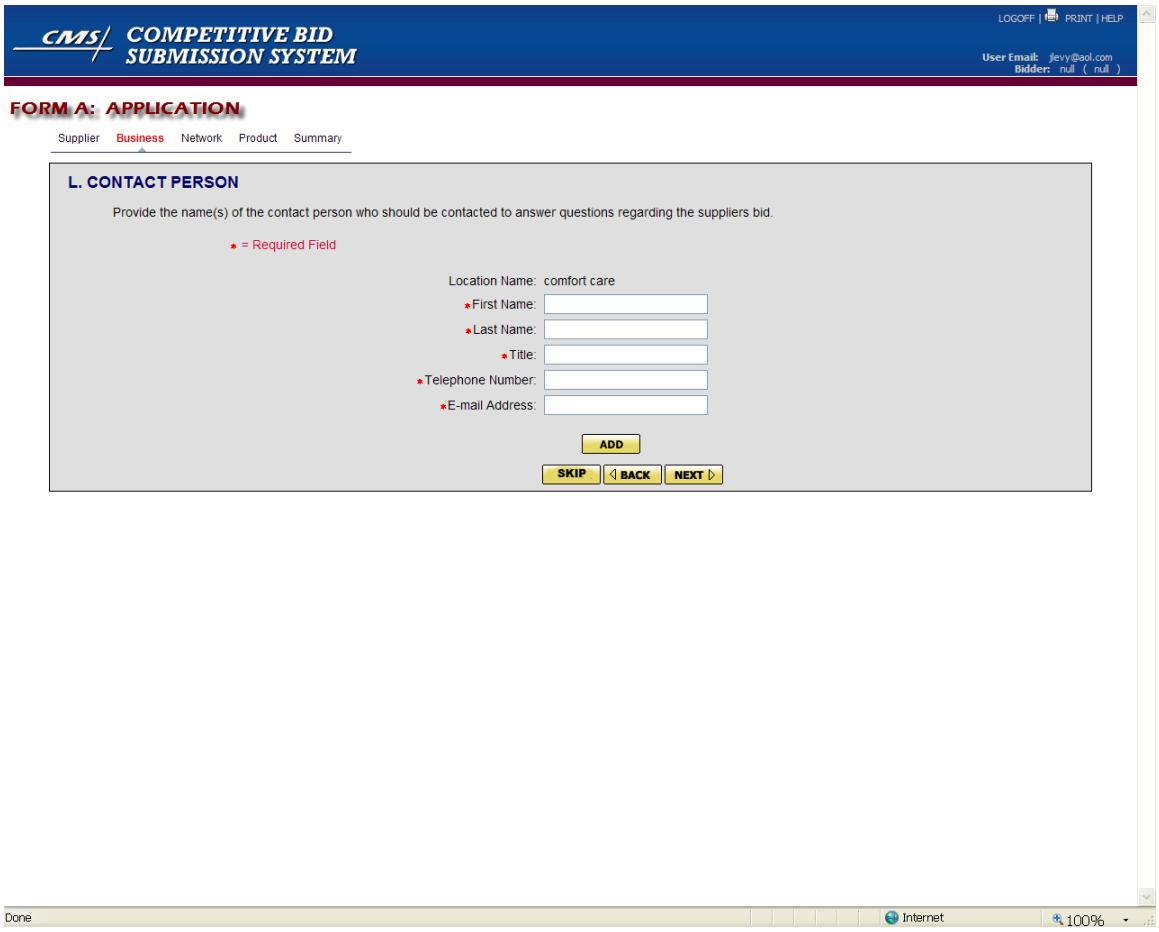
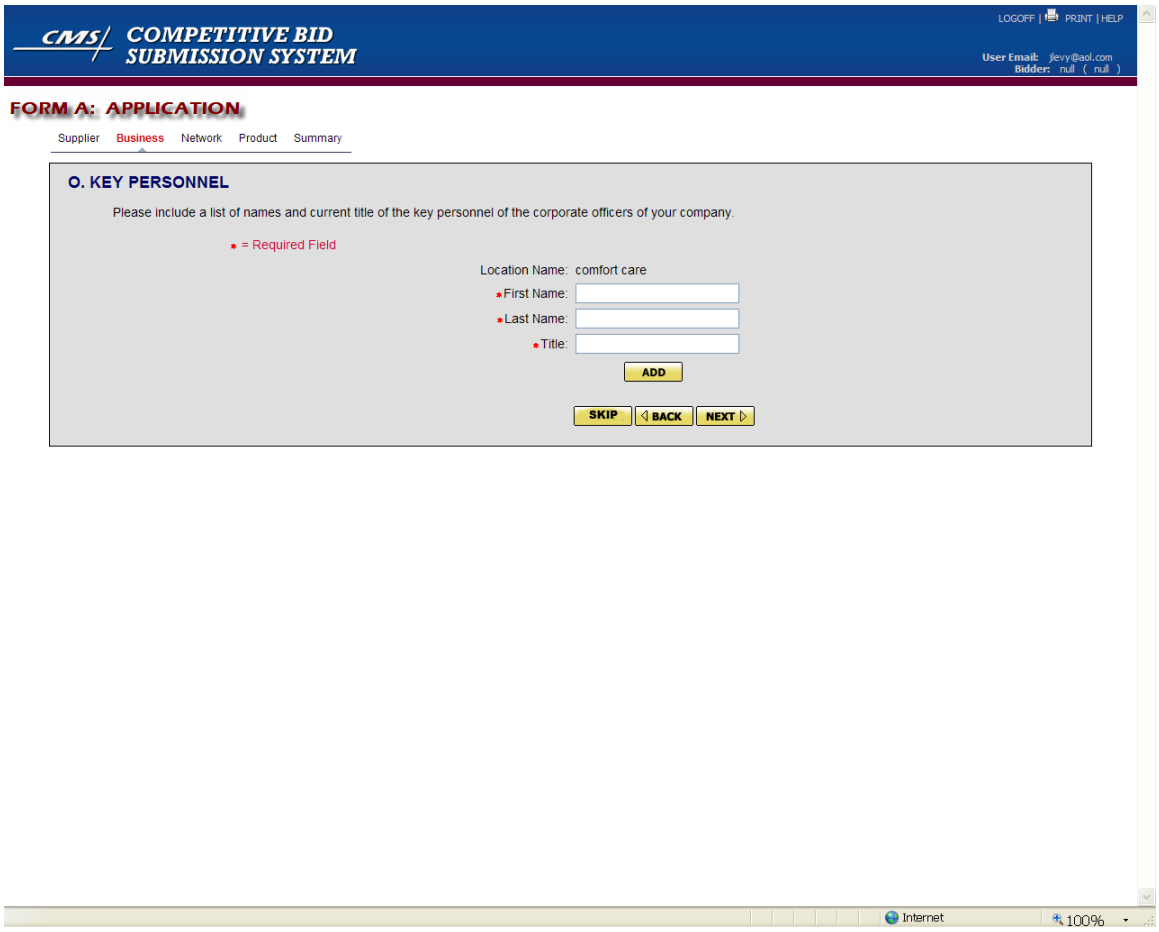

CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
L. CONTACT PERSON
Provide the name(s) of the contact person who should be contacted to answer questions regarding the suppliers bid.
* = Required Field
Location Name: comfort care
*First Name:
*Last Name:
*Title:
*Telephone Number:
*E-mail Address:
ADD
SKIP
BACK
NEXT
Done
Internet
100%


CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
O. KEY PERSONNEL
Please include a list of names and current title of the key personnel of the corporate officers of your company.
* = Required Field
Location Name: comfort care
*First Name:
*Last Name:
*Title:
ADD
SKIP BACK NEXT
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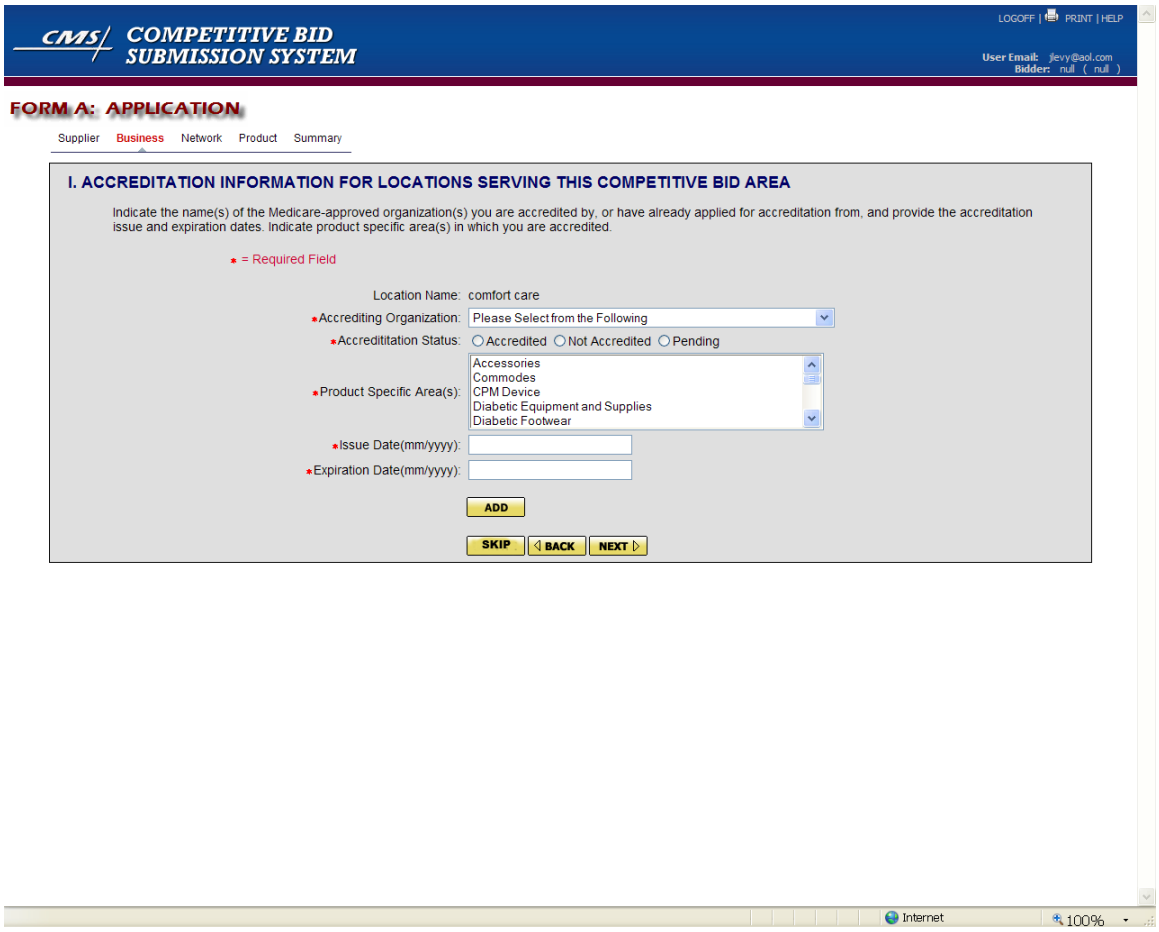
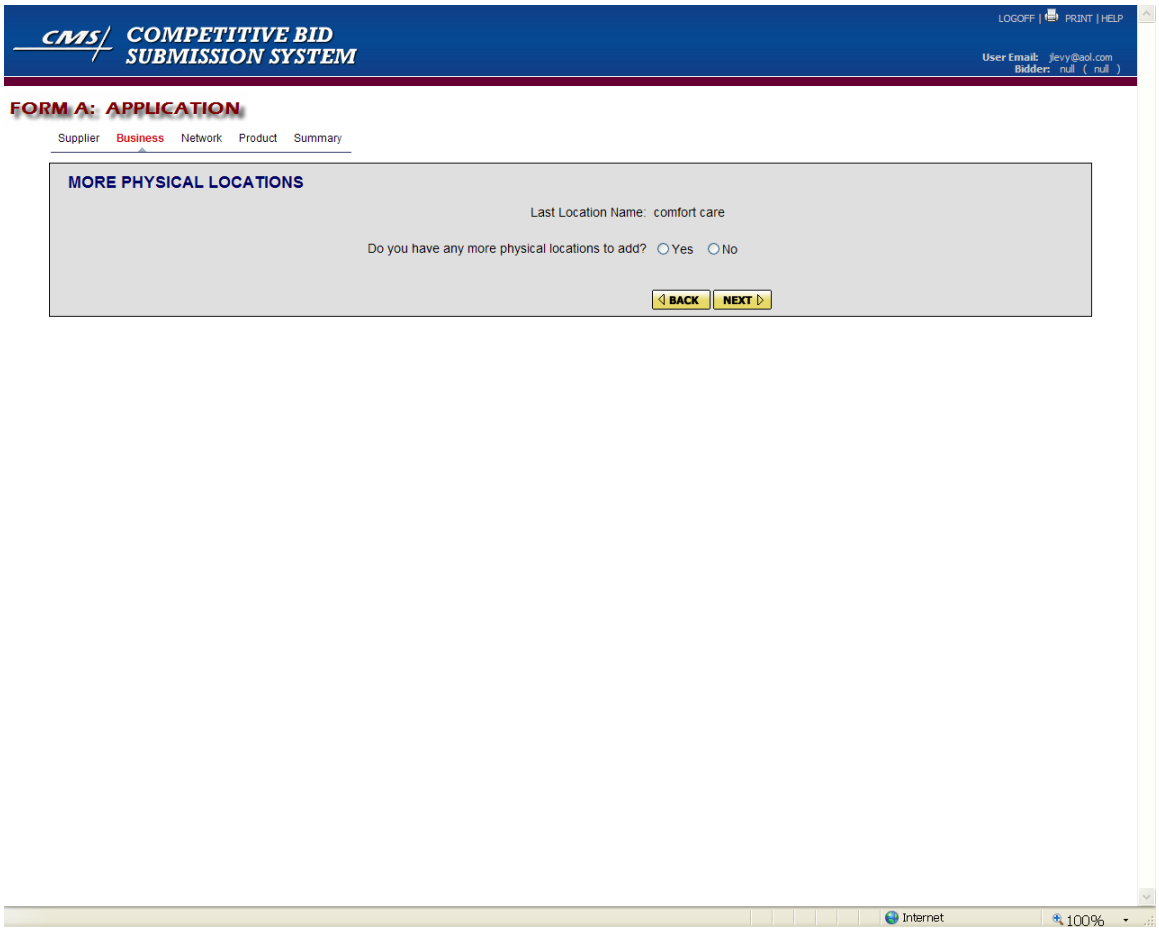

CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
I. ACCREDITATION INFORMATION FOR LOCATIONS SERVING THIS COMPETITIVE BID AREA
Indicate the name(s) of the Medicare-approved organization(s) you are accredited by, or have already applied for accreditation from, and provide the accreditation issue and expiration dates. Indicate product specific area(s) in which you are accredited.
* = Required Field
Location Name: comfort care
*Accrediting Organization: Please Select from the Following
*Accredititation Status: Accredited Not Accredited Pending
*Product Specific Area(s): Accessories Commodes CPM Device Diabetic Equipment and Supplies Diabetic Footwear
*Issue Date(mm/yyyy):
*Expiration Date(mm/yyyy):
ADD
SKIP BACK NEXT
Internet
100%


CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
MORE PHYSICAL LOCATIONS
Last Location Name: comfort care
Do you have any more physical locations to add? Yes No
BACK NEXT
Internet
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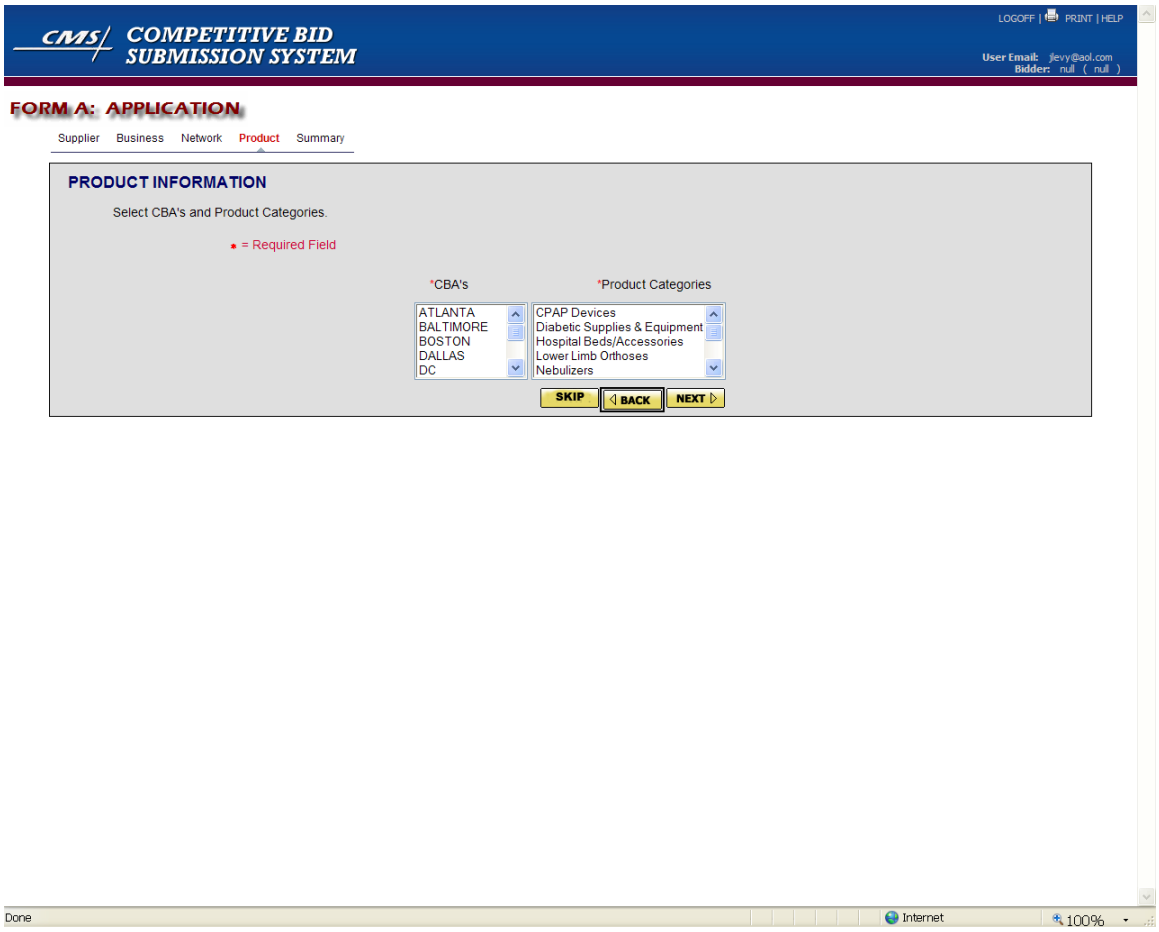
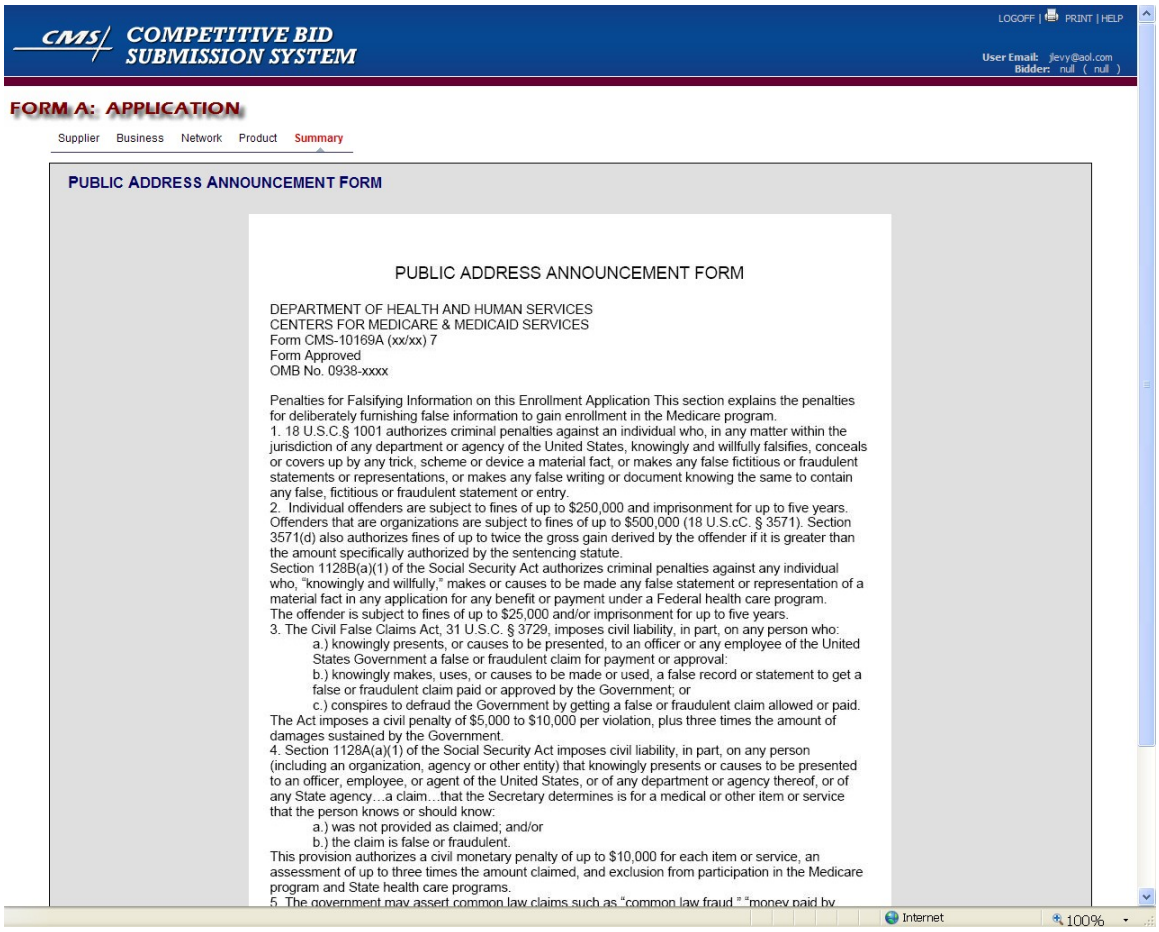
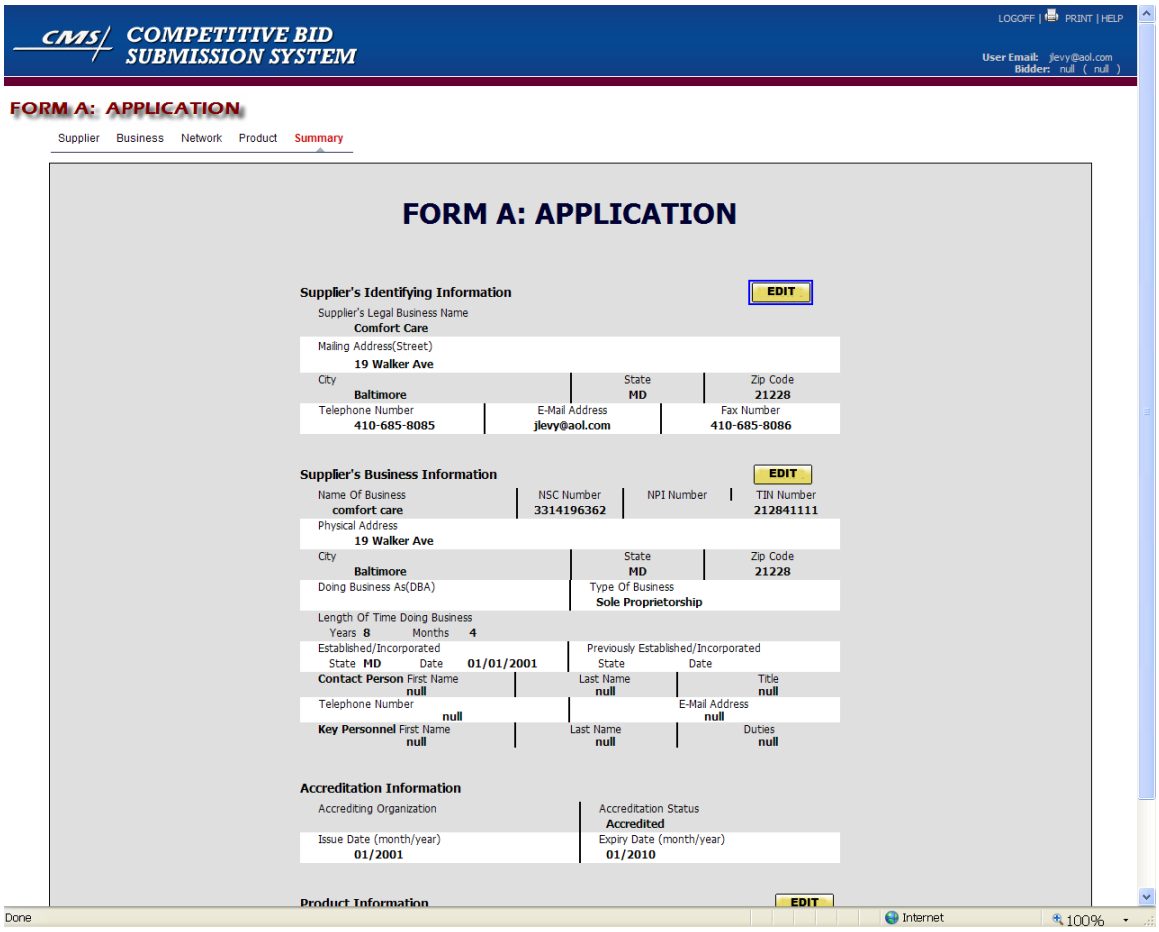

CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
PRODUCT INFORMATION
Select CBA's and Product Categories.
* = Required Field
*CBA's
ATLANTA
BALTIMORE
BOSTON
DALLAS
DC
*Product Categories
CPAP Devices
Diabetic Supplies & Equipment
Hospital Beds/Accessories
Lower Limb Orthoses
Nebulizers
SKIP
BACK
NEXT
Done
Internet
100%


CMS/ COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
PUBLIC ADDRESS ANNOUNCEMENT FORM
PUBLIC ADDRESS ANNOUNCEMENT FORM
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Form CMS-10169A (xx/xx) 7
Form Approved
OMB No. 0938-xxxx
Penalties for Falsifying Information on this Enrollment Application This section explains the penalties for deliberately furnishing false information to gain enrollment in the Medicare program.
1. 18 U.S.C.§ 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.
2. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.cC. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.
The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.
3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
a.) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval:
b.) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
c.) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.
The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government.
4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency…a claim…that the Secretary determines is for a medical or other item or service that the person knows or should know:
a.) was not provided as claimed; and/or
b.) the claim is false or fraudulent.
This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.
5. The government may assert common law claims such as "common law fraud," "money paid by
Internet
100%


CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: jlevy@aol.com
Bidder: null (null)
FORM A: APPLICATION
Supplier Business Network Product Summary
FORM A: APPLICATION
Supplier's Identifying Information
EDIT
Supplier's Legal Business Name
Comfort Care
Mailing Address(Street)
19 Walker Ave
City
Baltimore
State
MD
Zip Code
21228
Telephone Number
410-685-8085
E-Mail Address
jlevy@aol.com
Fax Number
410-685-8086
Supplier's Business Information
EDIT
Name Of Business
comfort care
NSC Number
3314196362
NPI Number
TIN Number
212841111
Physical Address
19 Walker Ave
City
Baltimore
State
MD
Zip Code
21228
Doing Business As(DBA)
Type Of Business
Sole Proprietorship
Length Of Time Doing Business
Years 8 Months 4
Established/Incorporated
State MD Date 01/01/2001
Previously Established/Incorporated
State Date
Contact Person First Name
null
Last Name
null
Title
null
Telephone Number
null
E-Mail Address
null
Key Personnel First Name
null
Last Name
null
Duties
null
Accreditation Information
Accrediting Organization
Accreditation Status
Accredited
Issue Date (month/year)
01/2001
Expiry Date (month/year)
01/2010
Product Information
EDIT
Done
Internet
100%