## MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM CONTRACT SUPPLIER QUARTERLY REPORT

| FORM C                                      |                             |                        |                       |                         |
|---|-----------------------------|------------------------|-----------------------|-------------------------|
| 1. Contract Supplier's Legal Business Name  |                             |                        | Supplier Bidder No.   |                         |
| 2. If Network, Primary Sup                  | plier's Legal Business Name |                        | 1                     |                         |
| 3. Competitive Bid Area (C                  | BA)                         |                        |                       |                         |
| 4. Year                                     | 1st Quarter                 | 2nd Quarter            | 3rd Quarter           | 4th Quarter             |
| 5) The following is a                       | a listing of items that l   | nave been furnished to | Medicare Beneficiarie | es during this quarter. |
| Approximate No. Supplied                    | HCPCS Code                  | Manufacturer           | Model Name            | Model No.               |
|   |                             |                        |                       |                         |
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|   |                             |                        |                       | _                       |
| Signature of Authorized Official            |                             |                        |                       | Date                    |
| Print Name and Title of Authorized Official |                             |                        |                       | Date                    |

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