MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM CONTRACT SUPPLIER INITIAL AND QUARTERLY REPORT					
1.Contract Supplier's L	egal Business Name				
2. If Network, Primary	Supplier's Legal Busine	ess Name			
3. Competitive Bid Area (CBA)					
4. Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	
5. The following is a list	ing of items that have b	een furnished to Medica	re Beneficiaries durin	g this quarter.	
Approximate No. Supplied	HCPCS Code	Manufacturer	Make	Model No.	
			·		
Signature of Authorized Official				Date	
Print Name and Title of Authorized Official				Date	
According to the Denominals D	aduation Act of 1005, no noro	one are required to respond to	a collection of information	unless it displays a valid OMR cont	rol

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1016. The time required to complete this information collection is estimated to average 14 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Blvd. Baltimore, Maryland 21244.