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Form B: Expansion

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Bidder #: 20-9710679
CBA: Allentown-Bethlehem-Easton, PA-NJ
Product Category: Oxygen Supplies and Equipment
PTAN(s): 7450000002

Required fields are marked with ★

Expansion Plan

Is your estimated capacity, the amount you can provide for this product category in the CBA, greater than the amount you currently provide in the CBA? If yes, you must complete an expansion plan. ★ (•) Yes ( ) No

If you plan to expand your business under the Competitive Bidding Program, describe your current structure and expansion plan in the space provided. If additional space is needed, you may submit documentation along with the required hardcopy documents. (Maximum 1000 Characters). If an item does not apply, please enter N/A.

Staff (Current) 987 characters left
current staff

Staff (Expansion Plan) 980 characters left
expansion plan staff

Finance (Current) 985 characters left
current finance

Finance (Expansion Plan) 978 characters left
expansion plan finance

Facilities (Current) 982 characters left
current facilities

Facilities (Expansion Plan) 975 characters left
expansion plan facilities

Inventory Control (Current) 975 characters left
current inventory control

Inventory Control (Expansion Plan) 968 characters left
expansion plan inventory control

Distribution (Current) 980 characters left
current distribution

Distribution (Expansion Plan) 973 characters left
expansion plan distribution

Additional Information (Current) 970 characters left
current additional information

Additional Information (Expansion Plan) 963 characters left
expansion plan additional information

Subcontractor Information

If you plan to expand using subcontractors choose "Yes" below. Please note that "Subcontracting Arrangements" must be in compliance with Supplier Standards and subcontractor(s) can only perform services allowed under these standards. If a subcontractor is providing the service to set-up and/or provide instruction on the use of Medicare-covered item(s), they must be accredited by a CMS approved accreditation organization. Click on the "i" above for specific requirements.

Do you plan to use subcontractor(s)? ★ (•) Yes ( ) No

Select one or more of the following functions that the subcontractor will perform:

- [ ] Delivery of Medicare-covered item only
- [ ] Set-up and/or instruction on use of Medicare-covered item
- [ ] Repair of rented equipment only
- [x] Purchase of Inventory

Any time the subcontractor sets up and/or instructs, he/she must be accredited

If you clicked "Yes" above, you must provide a copy(s) of the signed letter of intent to enter into an agreement with each subcontractor that includes the following:

- *Parties involved*
- *Functions/services to be performed*
- *Anticipated length of agreement*
- *Signature of an Authorized Official for each party*
- *Include language obligating subcontractor to abide by state and federal privacy, security and licensure requirements*