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Today's 04/03/2012
Date: 11:05:19

Open Bid 01/11/2012
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Date: 13:59:59

Form B: Bid [Certification Statement]

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Bidder #: 20-9710679
CBA: Allentown-Bethlehem-Easton, PA-NJ
Product Category: Oxygen Supplies and Equipment
PTAN(s): 745000002

Certifying Statement Applies to All Information Submitted Electronically or Hardcopy.

I have read the contents of this application. I hereby certify that I have examined the completed application and accompanying financial statements and I certify that they are true, correct, and complete statements that can be substantiated from our books and records. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Competitive Bidding Implementation Contractor (CBIC) to verify this information. I also certify that I will adhere to the terms of the competitive bidding contract if awarded a contract.

I agree to notify the CBIC in writing of any changes that may affect the contract and/or my ability to carry out the terms of the contract, prior to such change or within 30 days of the effective date of such change. I understand that I may be in breach of contract if any such change results in my failure to carry out the terms of the contract.

I also certify that I have read, understand, meet, and will continue to meet all supplier standards and quality standards as outlined in 42 CFR §424.57 and 424.58. If I become aware that any information in this application is not true, correct or complete, I agree to notify the CBIC of this fact immediately. I agree that I am a Medicare enrolled supplier and meet the basic eligibility requirements of the DMEPOS Competitive Bidding Program.

I understand that in accordance with 18 U.S.C. §1001, any omission, misrepresentation, or falsification of any information contained in this application and all required attachments and supplemental information or contained in any communication supplying information to CMS or the CBIC may be punishable by criminal, civil, or other administrative actions including revocation of approval, fees, and/or imprisonment under federal law.

I further certify that I am an authorized official of this organization that is submitting a bid in the DMEPOS Competitive Bidding Program.

Network Members:

If I am a member of a network, I further certify that I meet the definition of a small supplier who joined the network because I am unable to independently furnish all items in the product category to Medicare beneficiaries throughout the entire geographic bidding area.

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.

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