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			Welcome, L
m A: Business Organization Inform	ation		Print Save
			Trint Save
Business Organization Information is required for		iller muπiple locations, or network supplier).	
You must complete all required fields. Required fie Business Organization Information	sus are marked with *		(i)
Indicate how your business organization will be	bidding (choose only one).		
Legal Business Nan	ne *	Loeb Industries	
Supplier Bidding Typ	ре 🖈	Network Bidder ▼	
Network Name ★		Network 1	
Has each network n	member signed a contract to join this netw	ork?★ ⓒ Yes C No	
Specialty Supplier			<u> </u>
Indicate if you are bidding as a specialty supplie	er.		
	Are you a Skilled Nursing Facility (SNF		
	Facility (NF) that is bidding as a special plans to provide competitively bid ite own residents? *	ns only to its	
	OWITESIDENTS: *		
Contact Person	d he contacted to engues questions recessing t	ne business or network organization. You must click the Add Con	stact Person button in
order for this information to be saved below. You verify the name(s) was entered correctly.	u may enter more than one Contact Person. (ma	ximum 5). Once you have entered the names of your Contact Pers	on(s) scroll down to
verily the numeral mas emerce correctly.	First Name *		
	Last Name *		
	Title ★		
	E-mail ★		
	Telephone Number *		
	Add Contact Pe	rson Clear	
	Aud Contact Fe		
Modify/Delete Contact Person(s)			
Modify or delete the contact person's information	n. First Name Last Name Tit	a Artion(e)	
	Lisa Loeb CE		
Authorized Official or Key Personnel	fficials or key personnal for the business	ization or network. You must aliab the Add 5-dbin-d Arm.	or Key Personnel button
in order for this information to be saved below.	Once you have entered the names of your autho	zation or network. You must click the Add Authorized Official or rized official or key personnel scroll down to verify that the names	were entered correctly.
	First Name *		
	Last Name *		
	Title ★		
	Add Authorized Official or	Key Personnel Clear	
Modify/Delete Authorized Official / Key Per	rsonnel Information		11
Modify or delete the authorized official or key pe			
	First Name Last Name Tit		
	Lisa Loeb CE	Modify Delete	
Competitive Bidding Area (CBA) and Produ	ct Category		<b>i</b>
Select all of the CBA(s) and product category(s)			
Choose one CBA from the drop down box. The p CBA. You must click the Add CBA/Product Cate		pear. Then select all of the product category(s) for which you are s wed below.	ubmitting a bid for this
If you are bidding in more than one CBA, select.	Add CBA/Product Category. Once you have sel-	ected the CBA(s) and product category(s), scroll down to verify the	y were entered correctly.
All of the CBA(s) and product category(s) for wh and product category(s) associated with each of	ich your organization will be bidding must be d	isplayed on this screen. Later in the application, you will be require	ed to identify the CBA(s)
	,,		
	CBAs ★ Select the CB	Α 🔻	
	Product Categories * No Product Cate	ories Found	
	Add CBA/Produ	et Category	
	Add CBA/Flodd	ct Category	
CBA/Product Category List			
Displayed below is a summary of the CBA(s) an	d Product Categories for which you intend to su	200420-940400-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
CBA	CALL	Product Category	Action(s)
Cincinnati-Middletown, OH-KY-IN Cincinnati-Middletown, OH-KY-IN	Enteral Nutrients, Equipment and S Respiratory Equipment and Relate	_	elete
	Francis = 2-springer and Addition		
Accreditation Information			
All supplier locations must be accredited for the		ubmitting a bid. As required by 42 CFR §414.414 (c), each supplie	er location must meet
	be awarded a contract. This includes all produc	t-specific standards. Select the name(s) of the Medicare-approved	
Accreditation	on Organization * Select Accreditation (	Organization 🔽	
	Add Accreditation	_	
Accorditation List			
Accreditation List  To delete your accreditation, click the "Delete" b	button next to the applicable accreditation orde	nization. The selected accreditation organization cannot be modifi	ied. To make a channe to
this information you must delete the entry and ac	dd a new accreditation organization.	a gamenton varion se moun	3 5151.90 10
	Accreditation Organi		
	Accreditation Commission for I	Healthcare, Inc.	
Licensure			<b>i</b>
The hidder is responsible for basing a second	he applicable state license(s) == Ele with the	stinnal Sunnier Clearinghouse (ASC) hafees they submit a trial	ide will be discussified if
bidder does not meet all state licensure require	ments for the applicable product categories and	ational Supplier Clearinghouse (NSC) before they submit a bid. Bi If for every state in a CBA. Every supplier location is responsible for Intertivaly have all applicable license(s) for every state in the CBA	or having all applicable
license(s) for each state in which it provides ser required to have licenses for every state in the C		ollectively have all applicable license(s) for every state in the CBA n licensed for the product category.	. Each location is not
See the <u>CBIC website</u> for a listing of CBAs.			
	I understand that each supplier responsible for having all applie	cable state licenses for	
	each state in which it provides is not required to have licenses	services. Each location for every state in the	
	CBA as long as there is a licens		
* Some states may not require a license to fur.	rnish items in a specific product category. Pleas	e check the DMEPOS State License Directory on the NSC website	e and the Licensure for
	Bidding Suppliers fact sheet on the CBIC w	absite to verify licensure requirements.	