

**SAMPLE FORM:** This form is being provided as a sample for contract suppliers to disclose information on their subcontracting arrangements to the Centers for Medicare & Medicaid Services (CMS).

## CONTRACT SUPPLIER'S DISCLOSURE OF SUBCONTRACTORS

Consistent with Article VI of the Supplier Contract, provide the information below for each subcontractor(s). The Authorized Official must disclose to the Centers for Medicare & Medicaid Services (CMS) information on each subcontracting relationship that the contract supplier has entered into to furnish items and services under its contract and whether each subcontractor meets the accreditation requirements in 42 CFR 424.57, if applicable. This information must be provided within 10 business days after final contract execution. For subcontracting arrangements entered into after contract award, the required disclosures must occur no later than 10 business days after the date the contract supplier enters into a subcontracting arrangement. Please visit the Competitive Bidding Implementation Contractor (CBIC) website at [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com) for information regarding applicable accreditation requirements for subcontractors.

Please provide the following information for the contract supplier:

\* - denotes required fields

**Provide the following information for each subcontractor:**

**Legal Business Name\***  **Doing Business As Name**   
*Provide the address of the particular location that will perform the subcontracting service(s). Corporate headquarters' addresses are not acceptable.*  Same as Legal Business Name

**Address Line 1\***  **Address Line 2**

**City\***  **State\***  **ZIP Code\***  -

**Phone Number:\***  -  -

**Type of Subcontractor Service (Select all that apply)\***  
*Hold CTRL key and click to select multiples*

Delivery  
 Instruction  
 Purchase of Inventory  
 Repair of Rented Equipment

**Meets Accreditation Requirements, if applicable**  
 Yes  No  
*Please note: This only applies to Instruction and will only appear for Instruction.*

**\*IMPORTANT: If the subcontractor is required to be accredited, you must submit a copy of the accreditation certificate to the CBIC.**  
*Please note: This only applies to Instruction and will only appear for Instruction.*

Does this apply to multiple contracts?  Yes  No

**Contract Number\***  
*(Check your contract(s) for the contract number.)*

12 -  1234567

**Product Category**  
 <-- SELECT PRODUCT CATEGORY-->

**CBA (Select all that apply)\***

Charlotte-Gastonia-Concord, NC-SC  
 Cincinnati-Middletown, OH-KY-IN  
 Cleveland-Elyria-Mentor, OH  
 Dallas-Fort-Worth-Arlington, TX  
 Kansas City, MO-KS  
 Miami-Fourt Lauderdale-Pompano Beach, FL

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**Review contract and competition information**

Delete	Contract Number	Product Category	Competitive Bidding Areas	Edit
X	12-1234567	Oxygen Supplies and Equipment	Charlotte-Gastonia-Concord, NC Dallas-Fort Worth-Arlington, TX Kansas City, MO-KS	

### Review Pending Changes

Type	Contract	Product Categories	Competitive Bidding Areas	Edit
Add Subcontractor	12-1234567	Oxygen Supplies and Equipment	Charlotte-Gastonia-Concord, NC Dallas-Fort Worth-Arlington, TX Kansas City, MO-KS	