For CMS	MEDICARE DMEPOS  S Use Only	S COMPETITIVE BIDDING PROGRAM
Bidder N	0.	Date Application Received
Competi	tive Bidding Area (CBA)	
Bidder	's Identifying Information	
Bidder's	Legal Business Name	Primary Bidder's Legal Business Name (if network)
FORM A	: APPLICATION FOR DMEPOS (	COMPETITIVE BIDDING PROGRAM
1 (Applica Section 1	tion for Suppliers) and 1a (Location Sp	rs with a single location or multiple locations must complete Sections ecific Questions). Multiple location suppliers must also complete onal Locations) for each additional location. Networks must complete
<u>Section</u>	1: Application for Supplier	'S
A. Busii	ness Organization Information	
Legal Busi	ness Name	
Indicate h	ow your business organization will be	oidding (choose only one option).
	Supplier with a Single Location (Comple Supplier with Multiple Locations (Comple Network (Complete Section 2-2a)	
	cted "Supplier with Multiple Locations on structure.	" select one of the following that best describes your business
0	Subsidiary of a parent company/holding Commonly owned or commonly controlle National Chain Franchise None of the above	
If "None o	f the above," briefly describe the supp	lier's type of business
B. Spec	ialty Supplier	
	ganization a Skilled Nursing Facility (Sl urnish competitively bid items only to it	NF) or a Nursing Facility (NF) that is bidding as a specialty supplier and ts own residents? ☐ Yes ☐ No

Legal Business Name		Bidder Number
C. Contact Person		
Provide the name(s) of the person(s) who organization.	o should be contacted to answer que	estions regarding the business
Contact Person(s): First Name	Last Name	Title
E-Mail Address	Telephone (include	de area code)
D. Authorized Official or Key Pers	sonnel	
Provide the name(s) and title(s) of the au	thorized official(s) or key personnel	for the business organization.
Key Personnel: First Name	Last Name	Title
E. Accreditation		
By the close of the bid window, all locations items in the product category(s) for which the enrolled, meet quality standards, and be accomultiple locations must separately meet these ldentify the name(s) of the Medicare-approduct category(s) in which you are bid	ne bidder is submitting a bid. As require credited in order to be awarded a contrasse requirements to be included in a correct organization(s) that has accret	ed by 42 CFR § 414.414, each bidder must be act. Individual locations of a supplier with atract offer.
Accrediting Organization		
I acknowledge and understand that I, as a service(s) included in the bid. This information Provider Enrollment, Chain and Ownersh	mation must be on file in each locati	
F. Licensure  By the close of the bid window, all locations state license(s) for the product category(s) a do not meet all state licensure requirements evaluation purposes, each location is not rebidding location licensed for the product catelicense(s) for every state in the CBA. Every state in which it furnishes items/services.	and areas for which the bidder is submit for the applicable product categories a quired to have licenses for every state egory. If there is a multi-state CBA, the	tting a bid. Bidders will be disqualified if they and for every state in a CBA. For bid in the CBA as long as each state has a bidder must collectively have all applicable
I acknowledge and understand that I, as a category for each CBA for which I am bid record (i.e., Provider Enrollment, Chain a	lding. This information must be on f	censes for every item in every product file in each location's Medicare enrollment I Yes

Legal Business Name	Bidder Number
G. Business Information  Provide the number of years and months your organization	a has been in business
	i nas been in business.
YearsMonthsin business	
H. Type of Business	
Select the business type that describes your organization. on the type of business identified in this response. Refer trequired documents.	Bidders must submit certain financial documentation based to the Request for Bid (RFB) instructions for a checklist of
□ Corporation (LLC, Professional Corporation, S Corp and C C □ Sole Proprietorship □ Partnership	Corp)    Municipality and State Owned  Non-Profit Organization
I. Service Delivery	
How will your organization furnish items and services to M	ledicare beneficiaries? (Check all that apply.)
☐ Retail Location with Home Delivery	☐ Mail Order ☐ Home Delivery
J. Sanctions	
Does your organization or any location(s) on your bid have debarment within the past five (5) years?  ☐ Yes ☐ No	e any current or past legal actions, or sanctions such as
If yes, please refer to RFB instructions for additional inform	nation that you must submit.
K. CBA and Product Category	
Identify below all of the CBA(s) and product category(s) cobid(s).	mbinations for which your organization is submitting a
Competitive Bidding Area (CBA)Product Category	
Competitive Bidding Area (CBA) Product Category	
Competitive Bidding Area (CBA) Product Category	

Section 1a. Location-Specific Que	estions			
Please provide the requested information you registered for a User ID and passwo				you used when
A. Identifying Information				
Provide the following information for the	primary location:			
Legal Business Name				
DBA:				
Mailing Address Line 1	(0) (1) (1) (1)			
Mailing Address Line 2	(Street Name and Number)			
City/Town	(Suite, Room, etc.)	State	Zip	
Telephone Number	Toll Free Number	(if available)		
PTAN for this location	NPI Identif	fication Number		
Tax Identification Information Number (TIN)				
s the primary location's mailing address if the answer is No, please complete the Physical Address Line 1	following information.		l No	
Physical Address Line 2	(Street Name and Number)			
City/Town	(Suite, Room, etc.)	State	Zip	
C. CBA and Product Category				
dentify the CBA/product category comb included in contract offers for the specificombination for the primary location.  Competitive Bidding Area (CBA) _ Product Category	ic CBAs and product categorie	es you identify	here. You mus	t select at least one
Competitive Bidding Area (CBA) _ Product Category  Competitive Bidding Area (CBA) _ Product Category				

Bidder Number

Legal Business Name

Form CMS-10169A (XX/XX) EFF (XX/XXXX)

	c Questions- Additional Locations	
	to add to your bid, please complete the section below. You must included locations that are located in, or would furnish items to beneficiaries the CBAs included on your bid.	
A. Identifying Information		
Provide the following information for eve	ry additional location you want to include in your bid.	
Legal Business Name	DBA:	
Doing Business as Name (DBA)		
Mailing Address Line 1	(Street Name and Number)	
Mailing Address Line 2	(Street Name and Number)	
City/Town	(Suite, Room, etc.) StateZip	
Telephone Number	Toll Free Number (if available)	
PTAN for this location	NPI Identification Number	
Tax Identification Information Number (TIN)		
Is the location's mailing address the sam  If the answer is No, please complete the following Physical Address Line 1	owing information.	
Physical Address Line 2	(Street Name and Number)	
	(Suite, Room, etc.) StateZip	
C. CBA and Product Category		
Identify the CBA/product category combi in contract offers for the specific CBAs a	nation(s) that the location will be servicing. This location can only be nd product categories you identify here.	e included
Competitive Bidding Area (CBA) _ Product Category		_
Competitive Bidding Area (CBA) _ Product Category		_
• • • • • • • • • • • • • • • • • • • •		
Form CMS-10169A (XX/XX) EFF (XX/XXXX)		

Bidder Number

Legal Business Name

FORM A: APPLICATION FOR NETWORKS  Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.  Indicate how your business organization will be bidding (choose only one option).  Supplier with a Single Location (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? Yes No  Network Name  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents? Yes No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Legal Business Name	Bidder Number
For CMS Use Only  Bidder No. Date Application Received  Competitive Bidding Area (CBA)  Bidder's Identifying Information  Supplier's Legal Business Name Primary Supplier's Legal Business Name (if no primary Supplier must complete this application in order to bid on behalf of a network.  Indicate how your business organization will be bidding (choose only one option).  Supplier with a Single Location (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? Section Section 1, 1a, Section 1, 1a, Section 2, 1a, Section 2, 1a, Section 3, 1a, Section 2, 1a, Section 3, 1a, Section 3, 1a, Section 3, 1a, Section 4, 1a, Section 3, 1a, Section 4, 1a, Section 6, 1a, Section 7, 1a, Section 6, 1a, Section 1, 1a, Section 6, 1a, Section 1, 1a, Section 6, 1a, Section 1, 1a, Section 1, 1a, Section 6, 1a, Section 1, 1a, Section 6, 1a, Section 1, 1a, Sec		
Bidder's Identifying Information  Supplier's Legal Business Name Primary Supplier's Legal Business Name (if not supplier's Legal Business Name)  FORM A: APPLICATION FOR NETWORKS  Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.  Indicate how your business organization will be bidding (choose only one option).  Supplier with a Single Location (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? Supplier  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty suppethat plans to furnish competitively bid items only to its own residents? Syes No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network		EPOS COMPETITIVE BIDDING PROGRAM
Bidder's Identifying Information  Supplier's Legal Business Name Primary Supplier's Legal Business Name (if ne FORM A: APPLICATION FOR NETWORKS  Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.  Indicate how your business organization will be bidding (choose only one option).  Supplier with a Single Location (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? Yes No Network Name  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents? Yes No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Bidder No.	Date Application Received
Supplier's Legal Business Name Primary Supplier's Legal Business Name (if net FORM A: APPLICATION FOR NETWORKS  Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.  Indicate how your business organization will be bidding (choose only one option).  Supplier with a Single Location (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? Section 1.  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supplicated plans to furnish competitively bid items only to its own residents?  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Competitive Bidding Area (CBA)	
FORM A: APPLICATION FOR NETWORKS  Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.  Indicate how your business organization will be bidding (choose only one option).  Supplier with a Single Location (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? Yes No  Network Name  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents? Yes No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Bidder's Identifying Information	
Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.  Indicate how your business organization will be bidding (choose only one option).  Supplier with a Single Location (Complete Section 1-1a) Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? Yes No  Network Name  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents? Yes No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Supplier's Legal Business Name	Primary Supplier's Legal Business Name (if networ
□ Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) □ Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? □ Yes □ No  Network Name  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supplier	FORM A: APPLICATION FOR NET	WORKS
□ Supplier with a Single Location (Complete Section 1-1a) □ Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) □ Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? □ Yes □ No  Network Name □ B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents? □ Yes □ No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	<u>•</u>	• • • • • • • • • • • • • • • • • • • •
□ Supplier with Multiple Locations (Complete Section 1, 1a, & 1b) □ Network (Complete Section 2-2a)  Section 2: Application for Networks  A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network? □ Yes □ No  Network Name ■ B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents? □ Yes □ No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Indicate how your business organi	zation will be bidding (choose only one option).
A. Business Organization Information  Do the Network Members have a signed legal contract that establishes the network?   Network Name  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents?  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	□ Supplier with Multiple Locations	(Complete Section 1, 1a, & 1b)
Do the Network Members have a signed legal contract that establishes the network?	Section 2: Application for Network	<b>KS</b>
Network Name  B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents?   C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	A. Business Organization Informa	tion
B. Specialty Supplier  Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents?   C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Do the Network Members have a signed l	egal contract that establishes the network? ☐ Yes ☐ No
Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supp that plans to furnish competitively bid items only to its own residents? ☐ Yes ☐ No  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	Network Name	
that plans to furnish competitively bid items only to its own residents?  C. Contact Person  Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network	B. Specialty Supplier	
Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network		
	C. Contact Person	
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	should be contacted to answer questions regarding the network
Contact Person(s): First Name Title Title	Contact Person(s): First Name	Last NameTitle
E-Mail AddressTelephone (include area code)	E-Mail Address	Telephone (include area code)

Legal Business Name			Bidder Number	
D. Authorized Official or Key Pe	ersonnel			
Provide the name(s) and title(s) of aut		onnel for the n	etwork.	
Key Personnel: First Name				
E. Accreditation				
By the close of the bid window, all netwo for all items in the product category(s) for bidder must be enrolled, meet quality sta supplier with multiple locations must separate	r which the supplier is submitti ndards, and be accredited in o	ing a bid. As re order to be awa	quired by 42 CFR § 414. rded a contract. Individu	414 (c), each
Identify the name(s) of the Medicare-a category(s) in which you are bidding.	pproved organization(s) tha	t has accredite	ed the network member	s for the product
Accrediting Organization				
Accrediting Organization				
I acknowledge and understand that all accredited to furnish the specific item organization's enrollment record (i.e.,	(s) and service(s) included i	in the bid. This	s information must be o	on file in the
F. Licensure				
By the close of the bid window, all netwo applicable state license(s) for the produc disqualified if they do not meet all state li CBA. For bid evaluation purposes, each state has a bidding location licensed for tapplicable license(s) for every state in the each state in which it furnishes items/ser	t category(s) and areas for whe censure requirements for the location is not required to have the product category. If there it the CBA. Every location of the l	nich the bidder is applicable produ re licenses for e s a multi-state (	s submitting a bid. Bidde uct categories and for ev every state in the CBA as CBA, the bidder must coll	ers will be ery state in a long as each lectively have all
I acknowledge and understand that I, a category for each CBA for which I am record (i.e., Provider Enrollment, Chai	bidding. This information n	nust be on file	in each location's Medi	
G. Business Information				
Provide the number of years and mon YearsMonthsin busir		ember has bee	en in business.	
H. Type of Business				
Select the business type that describes y documentation based on the type of busilist of required documents and checklist.				
<ul><li>□ Corporation (LLC, Professional Corpo</li><li>□ Sole Proprietorship</li></ul>	oration, S Corp and C Corp) □ Partnership		lity and State Owned it Organization	

Legal Business Name Bidder Number

I. Service Delivery
How will your network furnish items and services to Medicare beneficiaries? (Check all that apply.)  □ Retail Location with Home Delivery □ Mail Order □ Home Delivery
J. Sanctions
Does your network or any location(s) on your bid have any current or past legal actions, or sanctions, such as debarments within the past five (5) years? ☐ Yes ☐ No
If yes, please refer to RFB instructions for additional information that you must submit.
K. CBA and Product Category
Identify below all of the CBA(s) and product category(s) for which your network is submitting a bid(s).
Competitive Bidding Area (CBA) Product Category
Competitive Bidding Area (CBA)Product Category
Competitive Bidding Area (CBA)Product Category

Legal Business Name Bidder Number

Section 2a. Location-Specific Questions

Please provide the requested information for your primary location. This is the location (PTAN) that you used when you registered for a User ID and password to access the DMEPOS Bidding System (DBidS).

Α.	Identify	ving	Information

Provide the following information for the primary	nary network member.
Legal Business Name	
Doing Business as Name (DBA)	
Mailing Address Line 1	(Street Name and Number)
Mailing Address Line 2	
City/Town	(Suite, Room, etc.) StateZip
Telephone Number	Toll Free Number (if available)
PTAN for this location	NPI Identification Number
Tax Identification Information Number (TIN)	
B. Physical Address	
Is the primary network member's mailing add	Iress the same as the physical address? ☐ Ye <b>s</b> ☐ No
If the answer is No, please complete the follow	wing information:
Physical Address Line 1	(Street Name and Number)
Physical Address Line 2	
City/Town	(Suite, Room, etc.) StateZip
C. CBA and Product Category  Identify the CBA/product category combination	on(s) that your primary location will be servicing. You must select at lea
one CBA and product category for the primar specific CBAs and product categories you ide	ry location. This location can only be included in contract offers for the entify here
Competitive Bidding Area (CBA) Product Category	
Competitive Bidding Area (CBA) Product Category	
Competitive Bidding Area (CBA) Product Category	

st

Legal Business Name Bidder Number

## Section 2b. Location-Specific Questions-Additional Locations

If you have additional locations and network member locations, please complete the following questions. You must include all commonly-owned or commonly-controlled locations that are located in (or would furnish items to beneficiaries that maintain a permanent residence in) any of the CBAs in your bid.

## A. Identifying Information

Provide the following information for each	additional location you want to include in your bid.	
Network Member Name		
Legal Business Name		
Doing Business as Name (DBA)		
Mailing Address Line 1	(Street Name and Number)	
Mailing Address Line 2		
City/Town	(Suite, Room, etc.) StateZip	
Telephone Number	Toll Free Number (if available)	
PTAN for this location	NPI Identification Number	
Tax Identification Information Number (TIN) _		
B. Physical Address		
Is the location's mailing address the same	e as the physical address? ☐ Yes ☐ No	
If the answer is No, please complete the fo	ollowing information:	
Physical Address Line 1		
Physical Address Line 2		
City/Town	(Suite, Room, etc.) StateZip	
C. CBA and Product Category		
	nation(s) that the location will be servicing. This location can only be incled product category combinations you identify here.	bebu
Competitive Bidding Area (CBA) Product Category		
Competitive Bidding Area (CBA) Product Category		
Competitive Bidding Area (CBA) Product Category		