

CONTRACT SUPPLIER'S DISCLOSURE OF SUBCONTRACTORS

Consistent with Article VIII 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 for information regarding applicable accreditation requirements for subcontractors.

*- denotes required fields.

Legal Business Name*

Doing Business As Name*

Same as Legal Business Name

Provide the address of the particular locations that will perform the subcontracting service(s). Corporate headquarters' addresses are not acceptable.

Address Line 1*

Address Line 2

City*

State*

ZIP Code*

Phone Number*

Type of Subcontractor Service(s)*
(Select all that apply)

Does this apply to multiple contracts? Yes No

Contract Number*

Product Category*

Product*
(Select all that apply)

Competitive Bidding Area (CBA)*
(Select all that apply)

Review contract and competition information

Remove	Contract Number	Product Category	Product	Competitive Bidding Area	Edit
<input type="button" value="Add Subcontractor"/> <input type="button" value="Cancel"/>					

Review Pending Changes

Type	Contract Number	Competitions	Edit
------	-----------------	--------------	------

You must enter your Connexion userID and click **Sign and Submit**. You can **Print** a copy of the submitted form(s) for your records by clicking the **Print Page**. Please do not mail or FAX any documents to the CBIC.

First Name

Last Name

Connexion User ID

Print Page

Back to Form(s) Summary

Sign and Submit

If you have any questions about this form, please contact the CBIC customer service center at 877-577-5331.
Contract Supplier's Disclosure of Subcontractors Form (OMB No. 0938-1016)
Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
COMPETITIVE BIDDING PROGRAM