

CHANGE OF OWNERSHIP - PURCHASER FORM - 30 Day Notice

Purchasers of contract suppliers may request the transfer of a contract as part of a change of ownership transaction by submitting this form. The Purchaser should also provide all required documentation outlined in the [Change of Ownership \(CHOW\) fact sheet](#) within 30 calendar days of the effective date of the CHOW. A fully executed novation agreement will be required before the contract can be transferred. Please refer to the CHOW fact sheet for more detailed information and instructions.

* - denotes required fields.

Anticipated Effective Date of Change of Ownership*	<input type="text" value="MM/DD/YYYY"/>	
Resulting Entity*	<input type="text"/>	
Type of Change*	<input type="text"/>	

Change of Ownership - assumes all liabilities and responsibilities of contract - novation agreement is required.

Change in Structure - change in business structure that results in new entity, e.g. sole proprietor to corporation - novation agreement is required.

Stock Transfer - contract remains the same - novation agreement may not be required.

Seller (Transferor) Information

Seller's Legal Business Name*	<input type="text"/>
Doing Business As Name	<input type="text"/>
	<input type="checkbox"/> Same as Legal Business Name
Contract Number*	<input type="text"/>
TIN*	<input type="text"/>
NPI (if applicable)	<input type="text"/>
Authorized Official Name*	<input type="text"/>
Authorized Official's Phone*	<input type="text"/>
Authorized Official's Email*	<input type="text"/>

Purchaser (Transferee) Information

Contract Supplier*	<input type="radio"/> Yes <input type="radio"/> No
Purchaser's Legal Business Name*	<input type="text"/>
Doing Business As Name	<input type="text"/>
	<input type="checkbox"/> Same as Legal Business Name
TIN*	<input type="text"/>
Authorized Official Name*	<input type="text"/>
Authorized Official's Phone*	<input type="text"/>
Authorized Official's Email*	<input type="text"/>

List all locations that will be furnishing the product category(s) for the CBA(s). Each location must meet all eligibility requirements, including the applicable licensure and accreditation. All locations for the CBA that furnish items within the product category must be included on the list.

This information is for evaluation purposes only. If CMS determines the CHOW is acceptable, locations should be added or removed using the Contract Supplier Change of Location/Information Update form in Connexion.

PTAN*	<input type="text"/>
Product Category*	<input type="text"/>
CBA (Select all that apply)*	<input type="text" value="None selected"/>

Review Pending Changes

PTAN	Product Category	CBA	Action
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Required Documentation

The purchaser (transferee) must submit hardcopy documents specified in §414.414(b) through (d), indicating that the new owner meets basic supplier eligibility, accreditation, quality, and financial standards. This requirement may be omitted only if these documents were previously submitted and are still current. Below is the minimally required checklist. Please carefully review the CHOW fact sheet for detailed instructions.

- Acceptable, signed novation agreement
- A cover letter or bill of sale that fully describes the nature of the transaction including parties thereto, who is buying whom, type of purchase and resultant entity, and effective dates
- Documentation that confirms the Purchaser (transferee) is in compliance with all Medicare competitive bidding requirements (licensure, accreditation, financials as applicable)
- Copy of transferee's certificate and articles of incorporation (if corporation)

In accordance with the change of ownership requirements for the DMEPOS Competitive Bidding Program found at 42 CFR §414.422(d), I confirm the above information is accurate and request the Competitive Bidding Implementation Contractor (CBIC) process the request to transfer the supplier contract.

The authorized official must enter his/her Connexion user ID and click **Sign and Submit**. You can **Print** a copy of the submitted form(s) for your records by clicking **Print Page**.

First Name

Last Name

Connexion User ID

[Print Page](#)

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