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**Today's** 09/30/2018  
**Start** 10:37:51  
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**Form A: Business Organization Information** Print Save Next

Each bidding supplier type (single location, multiple locations, or network) must provide information about its business organization. You must complete all required fields. Required fields are marked with \*

**Business Organization Information**

Indicate how your business organization will be bidding:

**Legal Business Name**

**Supplier Bidding Type \***

Refer to the [Financial Instructions](#) on the CBC website for the financial documents required for your type of business organization.

**Specialty Supplier**

Indicate if you are bidding as a specialty supplier:

Is your organization a skilled nursing facility (SNF) or a nursing facility (NF) that is bidding as a specialty supplier and plans to furnish competitively bid items only to its own residents?  Yes  No

**Contact Person**

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business organization. You must click the **Add Contact Person** button in order for this information to be saved below. You may enter more than one contact person. Maximum 5. (Once you have entered the name(s) of your contact person(s), scroll down to edit the name(s).)

**First Name \***

**Last Name \***

**Title \***

**E-mail \***

**Telephone Number \***

**Modify/Delete Contact Person(s)**

Modify or delete the contact person's information.

Print Name	Last Name	Title	Action(s)
No Contact Person(s) Saved			

**Authorized Official or Key Personnel**

Provide the name(s) and title(s) of the authorized official(s) or key personnel for the business organization. You must click the **Add Authorized Official or Key Personnel** button in order for this information to be saved below. Once you have entered the name(s) of your authorized official or key personnel, scroll down to verify the name(s).

**First Name \***

**Last Name \***

**Title \***

**Modify/Delete Authorized Official / Key Personnel Information**

Modify or delete the authorized official or key personnel information.

Print Name	Last Name	Title	Action(s)
No Authorized Official(s) / Key Personnel Saved			

**Accreditation Information**

By the close of the bid window, all locations must meet Medicare enrollment requirements, including being accredited for all items in the product category for which you are bidding. As required by 42 CFR § 414.414 (c), each supplier location must be enrolled, meet quality standards, and be accredited in order to be awarded a contract. Only applicable locations will be included on the contract.

Select the name(s) of the Medicare-approved organization(s) that has accredited your business organization. You must click the **Add Accreditation** button in order for this information to be saved below. You must also review and acknowledge that you have read and agree with the statement below. Click the box to accept:

**Accreditation Organization \***

I acknowledge and understand that, as a bidder, must be properly accredited to furnish the specific items and services included in the BID. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)).

**Accreditation List**

To delete your accreditation, click the **Delete** button next to the applicable accreditation organization. To change this information, you must delete the entry and add a new accreditation organization.

Accreditation Organization	Action(s)
No Accreditation(s) Saved	

**Licenses**

By the close of the bid window, all locations must meet Medicare enrollment requirements, including possessing all applicable state license(s) for the product category(s) and area(s) for which you are bidding.

Every location of the bidder is responsible for having all applicable licenses for each state in which it furnishes items and services. Bidders will be disqualified if they do not have at least one location that meets state licensure requirements for the applicable state and product category.

Please check the [License Checklist](#) on the NSC website, which serves as a guide, and the [License for Bidding](#) fact sheet on the CBC website.

You must also review and acknowledge that you have read and agree with the statement below. Click the box to accept:

I acknowledge and understand that, as a bidder, have all applicable state licenses for every item in the product category and for each CBA for which I am bidding. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)).

**Business Information - Years in Business**

Provide the number of years and months your organization has been in business:

**Organization Years in Business \***

**Organization Months in Business \***

Examples: 5 years and 7 months or 0 years and 8 months

**Type of Business**

Select the business type that describes your organization. Bidders must submit certain financial documents based on the type of business identified in this response. Refer to the [Request for Bid \(RFI\)](#) instructions for a checklist of required financial documents.

Go to [www.cms.gov/dmeoposbidcompliance/financialdocuments](http://www.cms.gov/dmeoposbidcompliance/financialdocuments) for additional information.

**Type of Business \***

**Service Delivery**

How will your organization furnish items and services to Medicare beneficiaries? (check all that apply) \*

Retail Location with Home Delivery

Mail Order

Home Delivery

**Sanctions**

Does your organization, or any subsidiary (or your A/E, have any legal actions or sanctions (such as a judgment within the past 10 years) if your organization or location do have been sanctioned, per to the RFI instructions for a list of additional information that you must submit?  Yes  No

**Select Competitive Bidding Area (CBA) and Product Category**

The CBA and product category combinations appear below. You must check the box in the right column for each CBA/product category combination for which you are submitting a bid. After you have made your selection, click the **Add CBAs** button to save your selection(s). You may sort by CBA or product category using the arrows or you can filter the results by typing in the search box above the list of CBAs and product categories.

Later in the application, you will be required to identify the locations within a CBA that are currently furnishing items in the CBA(s) or will furnish for the competitive bid product categories in the CBA(s).

CBA	Product Category	Select
Charlottesville-Concord-Gastonia, NC	General Nutrients, Equipment and Supplies	<input checked="" type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	Nebulizers and Related Supplies	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	Respiratory Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	Standard Mobility Equipment and Related Accessories	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	Hyperbaric Oxygenation Therapy Generators (HTG) Devices and Supplies	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	General Nutrients, Equipment and Supplies	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Charlottesville-Concord-Gastonia, NC	Nebulizers and Related Supplies	<input type="checkbox"/>

**CBA/Product Category List**

Displayed below is a summary of the CBA(s) and product categories that you have selected. Please review for accuracy.

CBA / Product Category List	Action(s)
CBA / Product Category List	<input type="button" value="Print"/> <input type="button" value="Save"/> <input type="button" value="Next"/>

Bidder:

Welcome, Jade Joseph

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Today's Dates: 09/30/2016 10:40:20  
 Open Bid Dates: 06/26/2015 09:00:00  
 Close Bid Dates: 12/31/2016 13:59:59

**Form A: Primary Location Specific Information**

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Date location was added in DBids: 09/30/2016  
 Date of last location update in DBids:

Please provide the requested information below for your primary location, which is the location (PTAN) that you used when you registered for a User ID and password to access DBids. The pre-populated information provided in DBids is from your enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS). You must select at least one CBA/product category combination for the primary location.

Required fields are marked with an \*

**Identifying Information**

Provide the toll free phone number (if available) for your primary location.

Legal Business Name  
 Address Line 1  
 Address Line 2  
 City  
 State  
 Zip Code  
 Telephone Number  
 Toll Free Number (if available)  
 PTAN for this location  
 NPI Identification Number

**Physical Address**

The physical address for your primary location.

Address Line 1  
 Address Line 2  
 City  
 State  
 Zip Code

**Business Information**

The Tax Identification Number and Doing Business As name for the location as identified by the PTAN above.

Tax Identification Number (TIN)  
 Doing Business As (DBA)

**Location Information Accuracy**

Please review the information above for your primary location. If any of the information is inaccurate, select No and provide the correct information in the text box.

Is the information listed above accurate for this location? \*  Yes  No

**Competitive Bidding Area (CBA) and Product Category - Primary Location**

The CBA and product category combinations appear below. You must check the box in the right column for each combination for which you are submitting a bid. After you have made your selection, click the Add CBA/PCs button to save your selection(s). You may sort by CBA or product category using the arrows or you can filter the fields by typing in the blank box above the list of CBAs and product categories.

CBAs and Product Categories		1 - 3 / 3 (3)	Show 10 rows per page
CBA	Product Category	Select	
Search...	Search...	All	
Charlotte-Concord-Gastonia, NC	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>	
Charlotte-Concord-Gastonia, NC	Nebulizers and Related Supplies	<input type="checkbox"/>	
Charlotte-Concord-Gastonia, NC	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>	

**CBA/Product Category List**

Displayed below is a summary of the CBA(s) and product category(s) for which you intend to submit a bid. Please review for accuracy.

CBA / Product Category List		0 - 0 / 0 (0)	Show 10 rows per page
CBA	Product Category	Action(s)	
Search...	Search...		

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

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Bidder:

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Today's Date: 09/30/2016 10:41:06  
 Open Bid Date: 06/26/2015 09:00:00  
 Close Bid Date: 12/31/2016 13:59:59

Form A: Assign Locations

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Your primary location is listed below. All additional locations associated with the primary location, if any, will also appear below. All locations that currently furnish or will furnish items for the competitively bid product category(s) should be included on your bid.

If **Update Available** appears in the status field, this means a change has been made to your enrollment information in PECOS. Click **Refresh Location** to view the updated information for the location.

Please review the information for your location(s). To view, modify or complete information for a location, please click the **View/Modify** button. If any of the information is inaccurate, please go to the Location Information Accuracy section and follow the instructions.

To view a list of CBA(s)/product category(s) chosen for a location, click the number of CBA(s)/product category(s) for the location.

If you are bidding as a network, the primary network member should assign its location(s) on this screen. If there are members of the network with multiple locations, the primary network member should assign these members' locations on the Form A: Assign Network Member Locations page.

Total Locations Complete: 1  
 Total Locations Incomplete: 0  
 Total Updates Available: 0

Primary Location											
PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA PCs	Status	Actions	
								1	Complete	View/Modify	

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