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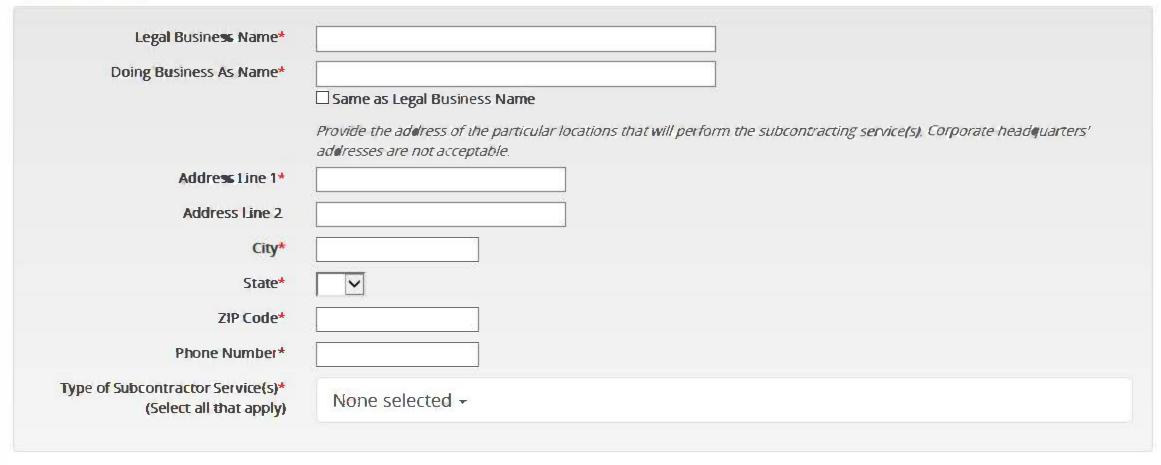
Connexion / Forms / Subcontractor Disclosure

**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 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.



Does this apply to multiple contracts?	●Ves C·No	
Contract Number*		
Product Category*		<u>~</u>
Product* (Select all that apply)	None selected -	
Competitive Bidding Area (CBA)* (Select all that apply)	None selected +	
	Add Competition(s)	

	Edit
Remove Number Product Category Product Competitive Bidding Area	Luit

Review Pe	ending Changes		
Туре	Contract Number	Competitions	Edit
You must enter	your Connexion userlD and click <b>Sign and Submit</b> . Yo	ou can <b>Print</b> a copy of the submitted form(s) for your recor	ds by clicking the <b>Print Page</b> . Please do

You must enter your Connexion userID and click Sign and Sulamit. 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 Phani

Last Name Atluri

Connexion User ID

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