

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.

Legal Business Name*	<input type="text"/>
Doing Business As Name*	<input type="text"/>
	<input type="checkbox"/> Same as Legal Business Name
	<i>Provide the address of the particular locations that will perform the subcontracting service(s). Corporate headquarters' addresses are not acceptable.</i>
Address Line 1*	<input type="text"/>
Address Line 2	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text" value=""/>
ZIP Code*	<input type="text"/>
Phone Number*	<input type="text"/>
Type of Subcontractor Service(s)* (Select all that apply)	None selected ▾

Does this apply to multiple contracts? Yes No

Contract Number*	<input type="text" value=""/>
Product Category*	<input type="text" value=""/>
Product* (Select all that apply)	None selected ▾
Competitive Bidding Area (CBA)* (Select all that apply)	None selected ▾

[Add Competition\(s\)](#)

Review contract and competition information

	Contract	Product Category	Product	Competitive Bidding Area	Edit
Remove	Number				Edit

[Add Subcontractor](#)
[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	<input type="text" value="Phani"/>
	Last Name	<input type="text" value="Atluri"/>
	Connexion User ID	<input type="text"/>

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