

**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 VI 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](http://www.dmecompetitivebid.com) for information regarding applicable accreditation requirements for subcontractors.

\* - denotes required fields

### Provide the following information for each subcontractor:

Legal Business Name\*

Provide the address of the particular location that will perform the subcontracting service(s).

Corporate headquarters' addresses are not acceptable.

Address Line 1\*

City\*

Phone Number:\*

 -  - 

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

Hold CTRL key and click to select multiples

<input type="checkbox"/> Delivery <input type="checkbox"/> Instruction <input type="checkbox"/> Purchase of Inventory <input type="checkbox"/> Repair of Rented Equipment
--

Does this apply to multiple contracts?  Yes  No

Contract Number\*

(Check your contract(s) for the contract number.)

 - 

Product Category (PC)\*

Doing Business As Name

Same as Legal Business Name

Address Line 2

ZIP Code\*

 - 

State\*

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

Hold CTRL key and click to select multiples

Add PC/CBAs

### Review contract and competition information

Delete	Contract Number	Product Category	Competitive Bidding Area	Edit
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Add Subcontractor  
Cancel

### Review Pending Change

Type	Contract Number	Competitions	Edit
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Review & Print

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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**