

Current Placement	Title	Current Language	Revised Language	Revised Placement	Reason for Change
			FORM B		
Section 2	Expansion Plans	<p>Can you increase your current capacity for this product category in this CBA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes" to this question, describe your current structure and expansion plan in the space provided. If a particular item does not apply, please leave the field blank but ensure you provide an explanation in all applicable fields. If additional space is needed, you may submit documentation along with the required hardcopy documents.</p> <p>Staff (manpower) Current: Expansion Plan:</p> <p>Financing (funding levels): Current: Expansion Plan:</p> <p>Facilities (square footage, facility): Current: Expansion Plan:</p> <p>Inventory Control (method of tracking inventory): Current: Expansion Plan:</p> <p>Distribution Methods (vehicles, mail order): Current: Expansion Plan:</p> <p>Additional Information: Current: Expansion Plan:</p>	<p>This Section is being removed.</p> <p>This Section is being removed.</p>	<p>Not Applicable</p> <p>Not Applicable</p>	<p>This section is being removed from Bidding Form B to reduce the burden for bidders by streamlining the bidding process.</p> <p>This section is being removed from Bidding Form B to reduce the burden for bidders by streamlining the bidding process.</p>
Section 3	Subcontractor Information	<p>Please note that subcontracting arrangements must be in compliance with the Supplier Standards and subcontractor(s) can only perform services allowed under these standards. If a subcontractor is providing the service to set-up and/or provide instruction on the use of Medicare-covered item(s), the subcontractor must be accredited by a CMS approved accreditation organization.</p> <p>Do you plan to use subcontractors to assist you in carrying out the terms of your contract? Yes No</p> <p>Select one or more of the following functions that the subcontractor(s) will perform: <input type="checkbox"/> Delivery of Medicare-covered item only <input type="checkbox"/> Set-up and/or instruction on use of Medicare-covered item <input type="checkbox"/> Repair of rented equipment only <input type="checkbox"/> Purchase of inventory</p>	<p>This Section is being removed.</p> <p>This Section is being removed.</p> <p>This Section is being removed.</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>	<p>This section is being removed from Bidding Form B to reduce the burden for bidders by streamlining the bidding process.</p> <p>This section is being removed from Bidding Form B to reduce the burden for bidders by streamlining the bidding process.</p> <p>This section is being removed from Bidding Form B to reduce the burden for bidders by streamlining the bidding process.</p>