

CHANGE OF OWNERSHIP - CONTRACT SUPPLIER NOTIFICATION FORM - 60 Day Notice

Per Article V of the DMEPOS competitive bidding contract and §414.422(d)(1), a contract supplier is obligated to notify Centers for Medicare & Medicaid Services (CMS) at least 60 calendar days before the anticipated date of a change of ownership (CHOW). Failure to notify CMS may result in a breach of contract.

The contracting supplier must also complete the Change of Ownership Purchaser form and submit it to the Competitive Bidding Implementation Contractor (CBIC) along with other required documents at least 30 calendar days prior to the effective date of the CHOW. There are two exceptions to this requirement. One is when a contract supplier is purchasing a non-contract supplier and the contract supplier continues to exist and remains the supplier performing under the competitive bidding contract. The other exception is a stock transfer where the business continues to exist and operate as before the sale of stock. In these situations, the contract supplier should complete the Contract Supplier Location Update form if necessary to add or remove locations from the contract.

* - denotes required fields	
Anticipated Date of Change of Ownership	K.
Change in Structure - change in required. Stock Transfer - contract remain	tall liabilities and responsibilities of contract - novation agreement is required. business structure that results in new entity, e.g. sole proprietor to corporation - novation agreement is as the same - novation agreement NOT required.
Stock Transfer - contract remain	sis the same - novation agreement NOT required. with another contract supplier through a previous change of ownership?* ○ Yes ○ No
	MEPOS competitive bidding contracts?* Yes No
Seller Information Contract Supplier:* Seller's Legal Business Name* Doing Business As Name*	○ Yes ○ No Contract No. (if applicable) ✓ - Authorized Official Contact Telephone No.*
☐ Same as Legal Business Nam Authorized Official Name*	e Authorized Official Email Address*
Purchaser Information	
Information Pending:* Contract Supplier:*	○ Yes ○ No(if yes, it is not necessary to complete the information below)○ Yes ○ No
Purchaser's Legal Business Nam	Contract No. (if applicable)

	Authorized Official Contact Telephone No.*
☐ Same as Legal Business Name	
Authorized Official Name*	Authorized Official Email Address*

Review & Print

Change of Ownership Notification Form (OMB No. 0938-1016)
Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
COMPETITIVE BIDDING PROGRAM