Form C: SEMI-ANNUAL REPORT

You must complete this report for every competitive bidding area (CBA)/product category combination (competition) in your Contract and disclose manufacturer and model information for each item specified below by the Centers for Medicare & Medicaid Services (CMS) that you will offer during the next six months. Please refer to your Contract (Attachment A) for a complete listing of your competitions.

Semi-annual reports are due no later than ten business days after each of the following dates: July 1 and January 1. If the due date for a particular semi-annual report falls on a federal holiday, the report is due on the next business day. Failure to submit a Form C for all CBA/product category combination(s) in your contract by the due dates may result in your organization's removal from the Medicare Supplier Directory and is a breach of contract.

Prior to submitting the required semi-annual reports, review the Medicare Supplier Directory to determine whether the information is current, including the lists that indicate which manufacturers' products you intend to furnish to beneficiaries. You must submit updates so that any outdated information can be replaced with more current information in the Medicare Supplier Directory.

You must PRINT EACH FORM. ALL forms must be sent (either by mail: Palmetto GBA, Competitive Bidding Implementation Contractor (CBIC), 2743 Perimeter Pkwy, Ste 200-400, Augusta, GA 30909-6499 or fax: 803-264-6228) to the CBIC and **RECEIVED** by the CBIC by the deadline

Contract Number* (Check your contract for this number)

Model Number

484e5e884e

59596tyyy4667

Business Information

Contract Supplier's Legal Business Name*

Non-Lead Item HCPCS Code

A7000

If Network, Primary Supplier's Legal Business Name		Year*	Quarter*		
Types of Products					
Product Category*					
Negative Pressure Wound Therapy (NPWT) Pumps – Example Only					
Competitive Bidding Area (CBA)*	Related CBA(s)				
Columbia, SC					
Lead Item HCPCS Code*	Aiken and Edgefield Counties, SC, Asheville, NC, Charlotte-Concord-Gastonia,				
E2402	NC, Raleigh, NC				
Make*					
Advanced Pumps Therapy System					
Manufacturer/Distributor*					
Advanced Health					
Model Number*	□ No Updates				
58EK669964688845564488					

Manufacturer/Distributor

A+ Distributing

UB Company

Make

A1 Therapy Pump

UB Wound Therapy System

Product Category*					
Competitive Bidding Area (CBA)*		Related CBA(s)			
Lead Item HCPCS Code*					
Make*					
Manufacturer/Distributor*					
Model Number*		☐ No Updates			
Non-Lead Item HCPCS Code	Make	Manufacturer/Distributor	Model Number		