

Process/Function	Information requested
Change of Ownership (CHOW) Notification	Y or N - Is assignee an approved Medicare Supplier?
	Contract Number
	Legal Business Name**
	Doing Business As Name**
	Tax Identification Number (TIN)**
	National Provider Number (NPI)**
	Authorized Official (AO) Name
	AO Contact Phone Number
	AO Contact Email
	Anticipated Effective Date of Change of Ownership
	[dropdown] Resulting Entity
	[dropdown] Type of Change
	Certification (First Name, Last Name, Connexion User ID)
Disclose a subcontractor	Legal Business Name
	Doing Business As Name
	Address
	Phone number
	Type of Service(s)
	Certification (First Name, Last Name, Connexion User ID)
Form C	Manufacturer Name
	Model Name
	Model #
	Certification (First Name, Last Name, Connexion User ID)

** these items are requested only to validate against the system c

Depending on the process/function and the type of user, the user may be asked to select from a

Depending on the process/function and the type of user, the Certification will look different, but

PRA Disclosure Statement - According to the Paperwork Reduction Act of 1995, no persons are control number. The valid OMB control number for this information collection is 0938-XXXX (Exp required to complete this information collection is estimated to average 24 minutes for Form C, Change of Ownership requests, 36 minutes for suppliers that choose not to Grandfather and 12 time to review instructions, search existing data resources, gather the data needed, and complete the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CM. C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applicable information to the PRA Reports Clearance Office. Please note that any correspondence not per OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have please contact Julia Howard 410-786-8645.

Why we ask it

Triggers a warning and additional instructions if assignee is not already approved
To identify which contract will be impacted (appears for non-contract-supplier only)
Required to verify eligibility
Required to verify eligibility
Required to verify eligibility
Required to verify eligibility
Required in case we have questions
Required in case we have questions
Required in case we have questions
Required to process change
Required to process change
Required to expedite change
Required - permission to process change
Required to identify subcontractor and process disclosure
Required to identify subcontractor and process disclosure
Required to identify subcontractor and process disclosure
Required to identify subcontractor and process disclosure
Required to report what services the subcontractor will provide
Required - permission to process change
Allows user to add a product manufacturer if not already on the list
Allows user to add a product model name if not already on the list
Allows user to add a product model number if not already on the list
Required - permission to process change

of record [the Medicare Provider, Enrollment, Chain, and Ownership System (PECOS)]

a list their contract number, PTAN, Product Category, or Competitive Bidding Area

t will always collect the same information (First & Last Name and User ID)

required to respond to a collection of information unless it displays a valid OMB
 irectories XX/XX/XXXX). This is a mandatory information collection. The time
 1 hour and 24 minutes for Subcontracting disclosures, 1 hour 36 minutes for
 minutes for suppliers that choose to Grandfather, per response, including the
 te and review the information collection. If you have comments concerning
 S, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop
 cations, claims, payments, medical records or any documents containing sensitive
 taining to the information collection burden approved under the associated
 re questions or concerns regarding where to submit your documents,

*Denotes Required Field

Change of Ownership (CHOW) Notification

Instructions

Select your Contract Number

Select

Contract Number

Change of Ownership (CHOW) Notification

Instructions

Add purchaser information.

Purchaser Legal Business Name (LBN)*	<input type="text"/>
Doing Business As	<input type="text"/>
	<input type="checkbox"/> Same as Legal Business Name
Tax Identification Number (TIN)*	<input type="text"/>
National Provider Identifier (NPI), if applicable	<input type="text"/>
Authorized Official (AO) Name*	<input type="text"/>
AO Contact Phone Number*	<input type="text"/>
AO Contact Email*	<input type="text"/>

Cancel

Save and Continue

Change of Ownership (CHOW) Notification

Instructions

Transaction Information

Anticipated Effective Date of Change of Ownership*

Resulting Entity*

Type of Change*

[Cancel](#) [Previous Step](#) [Save & Continue](#)

Change of Ownership (CHOW) Notification

Instructions

Enter the Seller's Information

Contract Number*

Seller's Legal Business Name (LBN)*

Doing Business As

Same as Legal Business Name

Seller's Contract Number*

Tax Identification Number (TIN)*

National Provider Identifier (NPI), if applicable

Authorized Official (AO) Name*

AO Contact Phone Number*

AO Contact Email*

Is the contract supplier currently affiliated with another contract supplier through a previous change of ownership?* Yes No

Does the contract supplier hold multiple DMEPOS Competitive Bidding contracts?* Yes No

[Cancel](#) [Save & Continue](#)

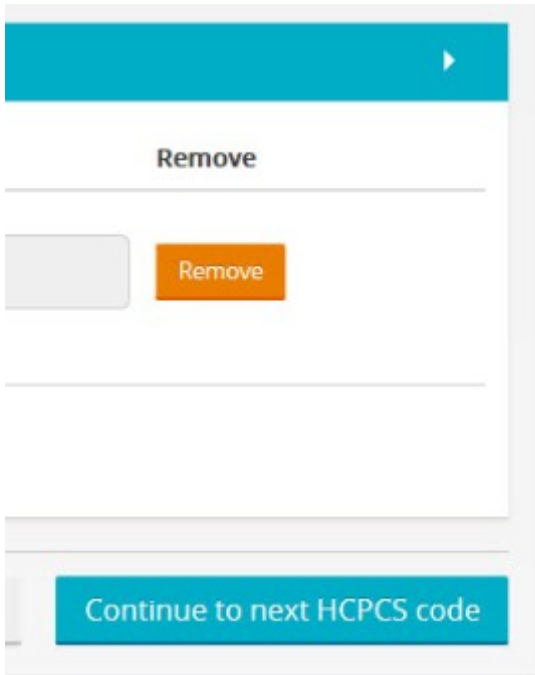
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***Denotes Required Field**

Add Manufacturer/Model

Model Information	CBA(s)			
<table border="1"><tr><td>Manufacturer *</td></tr><tr><td>Model Name *</td></tr><tr><td>Model #</td></tr></table>	Manufacturer *	Model Name *	Model #	<div>Choose CBAs ▾</div>
Manufacturer *				
Model Name *				
Model #				
<div>Add More</div>				
<div>Change Product Category</div>				

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***Denotes Required Field**

Subcontractor Disclosure

Instructions

Add subcontractor information.

Subcontractor Legal Business Name (LBN)*

Input Field

Doing Business As

Input Field

Same as Legal Business Name

Address

Input Field

City and State

Input Field

Zip Code

Input Field

Phone Number

Input Field

Services Provide (select all that apply)

Input Field

Cancel

Save and Continue

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Business Name

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All fields required

The authorized official must enter his/her Connexion user ID, and click **Sign and Submit**. Y
Print Page button. Please do not mail or FAX any documents to the CBIC.

First Name

Input Field

Last Name

Input Field

Connexion User ID

Input Field

[Cancel](#)

[Previous Step](#)

[Sign & Submit](#) ¹

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You can **Print** a copy of the submitted form(s) for your records by clicking the

First Name

CBIC

Last Name

APPAOIMPLNineteen

Connexion User ID

Print Page

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Sign and Submit

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