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 You must submit updates so that any outdated information can be replaced with more current information in the Medicare Supplier Directory.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.

Business Information

Contract Supplier's Legal Business Name*	Contract Number* (Check your contract for this number)	
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)* Columbia, SC	Related CBA(s) Aiken and Edgefield Counties, SC, Asheville, NC, Charlotte-Concord-Gastonia, NC, Raleigh, NC
Lead Item HCPCS Code* E2402	
Make* Advanced Pumps Therapy System	
Manufacturer/Distributor* Advanced Health	
Model Number* 58EK669964688845564488	☐ **No Updates**

Non-Lead Item HCPCS Code	Make	Manufacturer/Distributor	Model Number
A6550	A1 Therapy Pump	A+ Distributing	484e5e884e
A7000	UB Wound Therapy System	UB Company	59596tyyy4667

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