

SAMPLE FORM: This form is being provided as a sample for contract suppliers to disclose information on their subcontracting arrangements to the Centers for Medicare & Medicaid Services (CMS).

CONTRACT SUPPLIER'S DISCLOSURE OF SUBCONTRACTORS

Consistent with Article VIII of the Supplier Contract, provide the information below for each subcontractor(s). The authorized official must disclose to the Centers for Medicare & Medicaid Services (CMS) information on each subcontracting relationship that the contract supplier has entered into to furnish items and services under its Contract and whether each subcontractor is accredited as required by section 1847(b)(3)(C) of the Social Security Act, if applicable. This information must be provided no later than 10 business days after the Contract becomes effective, or for subcontracting arrangements entered into after the Contract becomes effective, 10 business days after the date the contract supplier enters into a subcontracting arrangement. Please visit the Competitive Bidding Implementation Contractor (CBIC) website at www.dmecompetitivebid.com for information about subcontracting and applicable accreditation requirements for subcontractors.

Please provide the following information for the contract supplier:

Contract Supplier Information:

	Contract Number	PTAN
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Please provide the following information for each subcontractor:

Information for Each Subcontractor:

Legal Business Name	Doing Business As Name		
Address	City	State	Zip Code
Phone	CBA		
Type of Subcontractor Service Purchase of Inventory Delivery & Instruction Maintenance and Repair of Rented Equipment	*Meets Accreditation Requirements, if Applicable Yes No		

***IMPORTANT:** If the subcontractor is required to be accredited, you must submit a copy of the accreditation certificate to the CBIC.

Information for Each Subcontractor:

Legal Business Name	Doing Business As Name		
Address	City	State	Zip Code
Phone	CBA		
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By my signature, as the authorized official named below, I certify that the contract supplier's subcontractor disclosure information is complete and accurate for the DMEPOS Competitive Bidding Program.

Authorized Official Supplier Name (First, Middle, Last, Jr., Sr., etc.)	Title/Position
PRINT	

Signature	Date
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You may use this sample form or a similar form that provides the same information to disclose your subcontracting arrangements. Please complete a Contract Supplier's Disclosure of Subcontractors form and submit to the CBIC by one of two methods along with the subcontractor's accreditation certificate, if applicable:

Fax: 803-264-6228
E-Mail: cbic.admin@palmettogba.com

If you have any questions about this form, please call the CBIC customer service center at 877-577-5331 between 9 a.m. and 5:30 p.m. prevailing Eastern Time, Monday through Friday.