



## Medicare Part B Bona Fide Service Fee Certification Form

Defined under 42 CFR § 414.804, CMS will require manufacturers submit a certification letter from the recipient of a bona fide service fee for contracts executed on or after January 1, 2026.

### Submission Method

Manufacturers will submit their certifications via the ASP Data Collection System. Technical assistance will also be made available. Certification forms are due by January 30, April 30, July 30, and October 30 every year along with the applicable ASP data submitted to the portal. The instructions for submitting the certification are included in the Certifier User Guide in Section 3.4.

### Agreement

Reference is made to the [Insert Name of Agreement] between [Insert Name of Parties to the Agreement] dated [Insert Date]. This [Agreement] is effective from [Insert Date] through [Insert Date]

<b>Section 1. Enter all drug and manufacturer information associated with the bona fide service fee</b>			
<b>Drug Name(s):</b>	<b>National Drug Code(s):</b>	<b>Manufacturer name:</b>	<b>Manufacturer address:</b>

<b>Section 2. Recipient of BFSF information</b>
<b>Name and title of signatory:</b>



<b>Organization or entity name:</b>
<b>Organization or entity address:</b>
<b>Bona fide service:</b>
<b>Bona fide service fee amount (if the fee varies based on certain metrics, describe the metrics of the fee and how it is determined):</b>

<b>Section 3. Certification Statement</b>	
I certify that the fee is not passed on in whole or in part to a client or customer of the recipient of the fee.	<b>Fee Recipient Signature:</b>  <b>Acknowledged &amp; Accepted by Manufacturer Manufacturer Signature:</b>