



**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 Submitter User Guide in Section 3.8 and 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]

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

Section 2. Recipient of BFSF information
Name and title of signatory:
Organization or entity name:



Organization or entity address:

Bona fide service:

Section 3. Certification Statement

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.

Fee Recipient Signature:

**Acknowledged & Accepted by
Manufacturer**

Manufacturer Signature: