

OMB Approval No. 0938-0685

SECTION 11: SURETY BOND INFORMATION

This section is to be completed by those provider types mandated by law to obtain a surety bond in order to enroll in and bill the Medicare program. Furnish all requested information about the provider's insurance agent, surety company, and the surety bond. To determine which provider types currently require a surety bond, check the CMS web-site, or contact the local State Agency or provider group association. Provider types that may be required to obtain a surety bond are home health agencies, comprehensive outpatient rehabilitation facilities, and rehabilitation agencies.

The surety bond must be an annual bond, continuous bond, or a government security in lieu of a bond (i.e., a Treasury note, United States bond, or other Federal public debt obligation). Annual surety bond renewals must be reported to the fiscal intermediary on a timely basis to ensure continuance of claim payments. A certified true or notarized copy of the original surety bond must be submitted with this application. Failure to submit the surety bond will prevent the processing of this application. If an insurance agent or an insurance broker issues the bond, the provider must supply a certified copy of the agent's Power of Attorney with this application.

A. Check Box – Check the box if this provider is not required to obtain a surety bond for Medicare enrollment and skip to Section 12.

B. Check Box - Check the box if this provider qualifies for an exemption as a government entity and skip to Section 12

If this provider believes it is government-operated and entitled to an exemption to the surety bond requirement, the provider must furnish a letter signed by a government official of the Federal, State, local or Tribal Government (on official government letterhead), asserting that the government agency/tribe will back the debts owed by this provider in full faith and credit of the government/tribe. This letter can be the same letter that is referred to in Section 5 of these instructions. Otherwise, a surety bond must be obtained prior to participating in the Medicare program.

C. Name and Address of Surety Bond Company - If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Furnish the legal business name and tax identification number of the surety bond company liable for this bond.
2. Furnish the complete business address, telephone number and e-mail address of the surety bond company.

D. Name and Address of Insurance Agency/Broker - If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise:

1. Provide the legal business name of the agency that issued the bond.
2. Provide the name of the individual agent who issued the bond for the bond agency.
3. Furnish the complete business address, telephone number and e-mail address of the agency.

E. Surety Bond Information - If the supplier has a Government Security check "Not Applicable" and skip to Section F below. If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise, complete this section with specific information about the bond as follows:

1. State the dollar amount of the bond and the bond number.
2. Furnish the effective date of the bond. If reporting a new bond or new surety bond company, furnish the expiration date of the current bond.
3. Indicate if the bond is renewed annually or if it is continuous.
4. Indicate if this is a "Dual Obligor Bond." A dual obligor bond is issued when a provider bills both the Medicare and Medicaid programs.

F. Government Security - If the supplier has a Surety Bond check "Not Applicable," skip this section and complete Section E above. If reporting a change to existing information, check "Change," provide the effective date of the change, complete the appropriate fields in this section, and sign and date the certification statement. Otherwise, complete this section with specific information about the government security as follows:

1. State the amount of the bond, the effective date, and the Federal Reserve Account number.
2. Check the appropriate box indicating the type and duration for which the government security will be effective.