

OMB Approval No. 0938-0685

11. Surety Bond Information

This section is to be completed by providers mandated by law to obtain a surety bond in order to enroll in and bill the Medicare program. See instructions to determine whether this provider is required to obtain a surety bond. Furnish all requested information about the provider's insurance agent, surety company, and the surety bond.

A. Check here ☐ if this section does not apply and skip to Section 12.

B. Check here ☐ if this provider qualifies for a waiver of the bond requirement based on its operation as a government entity. See instructions for specific documentation requirements and skip to Section 12.

C. Name and Address of Surety Bond Company ☐ Change Effective Date: _____

1. Legal Business Name of Surety Bond Company as Reported to the IRS Tax Identification Number

2. Business Address Line 1 (Street Name and Number)

Business Address Line 2 (Suite, Room, etc.)

City State ZIP Code + 4

Telephone Number (Ext.) Fax Number (if applicable) E-mail Address (if applicable)
() () ()

D. Name and Address of Insurance Agency/Broker

☐ Add ☐ Delete ☐ Change Effective Date: _____

1. Legal Business Name of Agency/Broker as Reported to the IRS

2. Name of Individual Agent

3. Business Address Line 1 (Street Name and Number)

Business Address Line 2 (Suite, Room, etc.)

City State ZIP Code + 4

Telephone Number (Ext.) Fax Number (if applicable) E-mail Address (if applicable)
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E. Surety Bond Information ☐ Not Applicable ☐ Change Effective Date: _____

1. Amount of Surety Bond Surety Bond Number
\$

2. Effective Date of Surety Bond (MM/DD/YYYY) If reporting a new bond, give cancellation date of the current bond (MM/DD/YYYY)

3. Is the surety bond: ☐ Annual? (or) ☐ Continuous?

4. Check here ☐ if this is a Medicare/Medicaid "Dual Obligatee Surety Bond."

F. Government Security ☐ Not Applicable ☐ Change Effective Date: _____

If a government security has been purchased, furnish the following information.

1. Amount Effective Date (MM/DD/YYYY) Federal Reserve Bank Account Number
\$

2. Check the appropriate box below:

- a) Is the Treasury Bill: ☐ Not Applicable ☐ 3 months? ☐ 6 months? ☐ 1 year?
b) Is the Treasury Note: ☐ Not Applicable ☐ 2 years? ☐ 5 years? ☐ 10 years?
c) Is the government security a 30-year Treasury Bond? ☐ YES ☐ NO ☐ Not Applicable

Note: If the government security is less than one year in duration, the provider must submit proof of the renewable government security at least 14 days prior to the expiration date.