

OMB Approval No. 0938-0685

SECTION 2: SUPPLIER IDENTIFICATION

- A. Supplier IRS Identification Information** - This section is to be completed with information specifically related to the business location of the DMEPOS supplier submitting this application.

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 as reported to the Internal Revenue Service (IRS), and the tax identification number (TIN) issued by the IRS to this supplier business location or the TIN used by this business location for tax reporting purposes.

Attach documentation (e.g., a copy of the IRS CP-575) from the IRS showing that the supplier business name matches the name reported in this application. If the supplier does not have an IRS CP-575, any official correspondence from the IRS that shows the supplier's name and TIN will be acceptable proof. Upon request, the IRS will provide a Form 147C showing the supplier's name and TIN.

NOTE: An IRS CP 575 or other documentation must be submitted for each TIN reported on this application.

If the supplier cannot obtain the required IRS document, explain why in a separate attachment and provide evidence that links its legal business name with the reported TIN. If the name and TIN do not match on the submitted documents, explain why and refer to the documents that confirm the identification of the supplier or owner as applicable (e.g., if the supplier recently changed its name and the IRS has not sent it an updated document). The supplier may then submit the old IRS document with the old name, as well as a copy of documentation filed with the IRS and State concerning the name change.

2. Furnish the address where the IRS Form 1099 is to be mailed for this supplier. If the supplier has changed or is changing its tax identification number, furnish the tax identification number currently or previously used and reported to Medicare.

- B. Type of Business for this Supplier** -- Indicate the type of business operated by the supplier at this location.

1. Check all items that apply to the business location for which this application is being submitted.
2. Indicate the primary type of business conducted at the business location for which this application is being submitted.

NOTE: Copies of all Federal, State and local (city/county) professional and business licenses, certifications and/or registrations required to practice as a DMEPOS supplier in the enrolling supplier's State (e.g., Federal Drug Enforcement Agency (DEA) number for pharmacies, business occupancy license, local business license), must be submitted with this application.

- C. Products and Services to be Furnished by this Supplier** -- Provide the types of DMEPOS products and services supplied to Medicare beneficiaries from this business location.

1. If this supplier is a physician, check the box provided and skip to Section D.
2. Indicate all primary products and services furnished by this supplier from this business location by circling the letter "P" next to the product or service and indicate all secondary products and services furnished by this supplier from this business location by circling the letter "S" next to the product or service.

NOTE: If "Parenteral Nutrition" and/or "Drugs/Pharmaceuticals" have been checked, a copy of the supplier's State pharmacy license must be submitted with this application.

- D. Liability Insurance Information** -- All DMEPOS suppliers enrolling in Medicare must have liability insurance. Furnish the requested information about the insurance company and submit a copy(s) of the supplier's current liability insurance policy (or evidence of self-insurance) with this application.

- E. Incorporation Information** -- Indicate if the supplier's business is incorporated.