

OMB Approval No. 0938-0685

**SECTION 10: STAFFING COMPANY** - This section has been intentionally omitted.

**SECTION 11: SURETY BOND INFORMATION**

This section is to be completed by DMEPOS suppliers mandated by law to obtain a surety bond in order to enroll in and bill the Medicare program. Furnish all requested information about the supplier's insurance agent, surety company, and the surety bond. Read the letter sent with this application or call the NSC to determine if this DMEPOS supplier is required to obtain a surety bond. The surety bond must be an annual bond, a 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 NSC 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 DMEPOS supplier must also submit a certified copy of the agent's Power of Attorney with this application.

**A. Check Box** - Check the box if this DMEPOS supplier is not required to obtain a surety bond for Medicare enrollment.

**B. Check Box** - Check the box if this DMEPOS supplier qualifies for an exemption as a government entity.

If this DMEPOS supplier believes it is a government-operated DMEPOS supplier and is entitled to an exemption to the surety bond requirement, the DMEPOS supplier 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 DMEPOS supplier in full faith and credit of the government/tribe with this application. 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 Obligatee Bond." A dual obligatee bond is issued when a supplier 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.