

OMB Approval No. 0938-0685

**10. Staffing Company****This Section Not Applicable****11. Surety Bond Information**

This section is to be completed by all DMEPOS suppliers mandated by regulation (see C.F.R. 424.57) 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.

**A. Check here ☐ if this supplier is not required to obtain a surety bond for Medicare enrollment and skip to Section 13. See instructions for surety bond requirements.**

**B. Check here ☐ if this supplier 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 13.**

**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** ☐ **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)  
( ) ( ) ( )

**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 supplier must submit proof of the renewable government security to the NSC at least 14 days prior to the expiration date.**