

SECTION 15: CERTIFICATION STATEMENT

This section is used to officially notify the DMEPOS supplier of additional requirements that must be met and maintained in order for the DMEPOS supplier to be enrolled in the Medicare program. This section also requires the signature and date signed of an authorized official who can legally and financially bind the DMEPOS supplier to the laws, regulations, and program instructions of the Medicare program. Section 16 permits the authorized official to delegate signature authority to certain individual(s) (delegated officials) for the purpose of reporting changes to the DMEPOS supplier's enrollment record after the DMEPOS supplier has been enrolled. The DMEPOS supplier may have no more than two (2) currently active authorized officials at any given time. See 15B below to determine who within the DMEPOS supplier organization qualifies as an authorized official.

- A. Additional Requirements for Medicare Enrollment** – These are the additional requirements that must be met by the DMEPOS supplier to enroll in and maintained by the DMEPOS supplier to bill the Medicare program. Carefully read these requirements. By signing, the DMEPOS supplier will be attesting to having read these requirements and that the DMEPOS supplier understands them.
- B. 1st Authorized Official Signature** - If adding a new, or deleting an existing authorized official, check the appropriate box and indicate the effective date of that change.

NOTE: The authorized official must also be reported in Section 6.

- The authorized official must sign and date this application.

By his/her signature, the authorized official binds the DMEPOS supplier to all of the requirements listed in the Certification Statement and acknowledges that the DMEPOS supplier may be denied entry to or revoked from the Medicare program if any requirements are not met. **All signatures must be original.** Faxed, photocopied, or stamped signatures will not be accepted.

- C. 2nd Authorized Official Signature** – This section provided to report a second (optional) authorized official for this supplier. See instructions above for Section 15B.

An authorized official is an appointed official to whom the DMEPOS supplier has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the DMEPOS supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the DMEPOS supplier to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the DMEPOS supplier him/herself in sole proprietorships or the DMEPOS supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the enrolling DMEPOS supplier (see Section 5 for definition of a "direct owner"), or must hold a position of similar status and authority within the DMEPOS supplier's organization.

Only the authorized official has the authority to sign the initial CMS 855S application and the re-enrollment CMS 855S application on behalf of the DMEPOS supplier. The delegated official has no such authority.

By signing this form for initial enrollment in the Medicare program or for re-enrollment purposes, the authorized official agrees to immediately notify the Medicare program contractor if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the Medicare contractor of any future changes to the information contained in this form, after the DMEPOS supplier is enrolled in Medicare, within 30 days of the effective date of the change.

Governmental/Tribal Organizations

As stated in the instructions for Governmental/Tribal Organizations in Section 5, the authorized official signing the CMS 855S in Section 15 must be the same person submitting the letter attesting that the governmental or tribal organization will be legally and financially responsible for any outstanding debts owed to CMS. For instance, the head of a County Department of Health and Human Services would ordinarily qualify as an authorized official of the governmental entity.