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Form 10-E-DMEPOS
Supplemental for
EASY APPLICATION FOR MEDICARE PROGRAM

Use this sheet as a convenience for providing financial information or information for secondary location(s) needing a bond.

Check one: [] Business Financial Statement [] Personal Financial Statement

Table with columns ASSETS and LIABILITIES. Rows include Cash, Stocks + Bonds, Notes Receivable, Merchandise or Material in Stock, Accounts Receivable, Real Estate, Furniture and Fixtures, and various liability items like Accounts Payable, Taxes due, and Mortgages.

Gross Sales - Two Years Ago Last Year Net Income - Two Years Ago Last Year

Location Name and Address
Does applicant have a License issued by a State Board to dispense/operate as: prescription drugs; optician; hospital/clinic/ skilled care facility?
National Provider Identification (NPI) Number
Taxpayer Identification Number (TIN)
National Supplier Clearinghouse or Provider Transaction Access Number (NSC/PTAN)
Total Annual Sales
Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies

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AGENCY DATA
Agency Name Agency Code

For your protection California law requires the following to appear on this form: Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.

CNA Surety P.O. Box 5077 Sioux Falls, SD 57117-5077 1-800-331-6053 / Fax 605-335-0357

Location Name and Address _____
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skilled care facility? Yes No License Number _____ Issuing State _____
Type _____ Date _____
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