

# MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM

## For CMS Use Only

Supplier Application No.	Date Application Received
Competitive Bid Area	ZIP Codes

## FORM C: BANK REFERENCE

This form will be used by the CBIC to review the supplier's financial standing. The intent of the questionnaire is to confirm that the supplier is financially sound and able to serve expanding business CBA area. The supplier should complete items (1), through (7) before forwarding this questionnaire to bank references. The CBIC must receive the questionnaires directly from the references listed on Form A before the bid submission deadline. For tracking purposes, we recommend bank references use certified mail to return completed questionnaires.

### To be completed by the Supplier

1. Supplier's Legal Business Name (from Form 10169A)	2. Name under which Supplier has credit with this Institution	
3. Mailing Address		
4. City	State	ZIP Code
5. NSC Number	NPI Identification Number	
6. Name of Bank/Financial Institution (from Form 10169A)	7. Account No. (from Form 10169A)	

### To be completed by the Bank Reference

- 8) During the last three years, has the credit holder ever failed to make a loan payment?  Yes  No
- 9) If (8) is "Yes," how many times did the credit holder fail to make payment? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10) Has a check been returned due to insufficient funds for this credit holder in the last 12 months?  Yes  No
- 11) If (10) is "Yes," how often has this occurred during the last 12 months? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 12) How would you rate this customer's credit performance? Select one.
- |                               |                               |                                  |                               |                                    |
|-------------------------------|-------------------------------|----------------------------------|-------------------------------|------------------------------------|
| (Bottom 20%)                  | (20% - 40%)                   | (40% - 60%)                      | (60% - 80%)                   | (80% - 100%)                       |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

13) If unable to rate the customer's credit performance, please explain \_\_\_\_\_

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14. For all accounts, what is the credit holder's average daily balance?

15. Bank/Financial Institution

16. Reference Inquiry Completed by

17. Title

18. Signature of Bank Official

19. Date

DRAFT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-xxxx. The time required to complete this information collection is estimated to average xx xxxx per response, including the time to review instructions, search existing data resources, gather the the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Blvd. Baltimore, Maryland 21244.