Form Approved
OMB No. 0938-xxxx

MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM
CONTRACT SUPPLIER QUARTERLY REPORT

1. Contract Supplier's Legal Business Name

2. If Network, Primary Supplier's Legal Business Name

3. Competitive Bid Area (CBA)

4. Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter

5) The following is a listing of items that have been furnished to Medicare Beneficiaries during this quarter.

No. Supplied	HCPCs Code	Manufacturer	Make	Model No.

DRAFT

Signature of Authorized Official	Date
Print Name and Title of Authorized Official	Date

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.