

CHANGE OF OWNERSHIP - PURCHASER FORM - 30 Day Notice

A Medicare-enrolled supplier that merges with or acquires a contract supplier (purchaser) may request the transfer of a Contract as part of a change of ownership (CHOW) transaction by emailing (cbic.admin@palmettogba.com) or faxing (803-264-6228) this form to the Competitive Bidding Implementation Contractor (CBIC). The Purchaser must provide all required documentation outlined in the Transfer a Portion of the Contract fact sheet or Transfer of Entire Contract fact sheet within 30 calendar days of the effective date of the CHOW. A fully executed novation agreement will be required before the contract can be transferred. Please refer to the CHOW fact sheets on the CBIC website at www.dmecompetitivebid.com for more detailed information and instructions.

* - denotes required fields

Anticipated Effective Date of Change of Ownership*	Resulting Entity: * <input type="radio"/> Purchaser + Seller = Purchaser <input type="radio"/> Purchaser + Seller = Seller <input type="radio"/> Purchaser + Seller = New Entity
Type of Change: * <input type="radio"/> Change of Ownership - assumes all liabilities and responsibilities of contract - novation agreement is required. <input type="radio"/> Change in Structure - change in business structure that results in new entity, e.g. sole proprietor to corporation - novation agreement is required. <input type="radio"/> Stock Transfer - contract remains the same - novation agreement NOT required.	

Seller (Transferor) Information

Seller's Legal Business Name*	Contract Number*	TIN*
Doing Business As Name* <input type="checkbox"/> Same as Legal Business Name	Auth. Official Contact Phone* ()	NPI (if applicable)
Authorized Official Name*	Authorized Official Email Address*	

Purchaser (Transferee) Information

Contract Supplier* ☐ Yes ☒ No

Purchaser's Legal Business Name*	Contract Number*	TIN*
Doing Business As Name* <input type="checkbox"/> Same as Legal Business Name	Authorized Official Contact Phone* ()	
Authorized Official Name*	Authorized Official Email Address*	

List all locations that will be furnishing the product category(s) for the CBA(s). Each location must meet all eligibility requirements, including the applicable licensure and accreditation. All locations for the CBA that furnish items in the product category must be included on this list.

This information is for evaluation purposes only. If CMS determines the CHOW is acceptable, call the CBIC at 877-577-5331 for direction to add or remove locations.

* - denotes required fields

PTAN*	CBA(s)*
Product Category*	

Required Documentation

The purchaser (transferee) must submit hardcopy documents specified in §414.414(b) through (d), indicating that the new owner meet all applicable competitive bidding eligibility requirements (accreditation, quality, and financial standards). This requirement may be omitted only if these documents were previously submitted and are still current. Below is the minimally required checklist. The required documents below must also be submitted prior to the effective date of the CHOW. Please carefully review the CHOW fact sheets for detailed instructions.

Transferring a Portion of the Contract:

- This form
- Cover letter with a description of the proposed CHOW, or a draft copy of the instrument effectuating the CHOW (e.g., draft bill of sale);
- Contract supplier's organizational chart/structure;
- Distinct company's taxpayer identification number (TIN) and Provider Transaction Access Number (PTAN(s)). To be considered distinct, a company must be operating under its own TIN;
- Distinct company's organizational documents (e.g., certificate and articles of incorporation, certificate of partnership, Limited Liability Corporation (LLC) formation documents); and
- Distinct company's financial statements (i.e., income statement(s), balance sheet(s), and statement of cash flow(s)), credit report and score and/or rating, and, the tax return extract for the most recent year filed (if filed with the Internal Revenue Service for the distinct company's TIN).

Transferring the Entire Contract:

- This form
- A cover letter with a description of the proposed CHOW, or a draft copy of the instrument effectuating the CHOW (e.g., draft bill of sale);
- Purchasing entity's tax return extract for the most recent year filed;
- The following financial statements corresponding with the purchasing entity's tax return extract for the most recent year filed:
 - Income Statement
 - Balance Sheet
 - Statement of Cash Flows; and
- Purchasing entity's credit report with numerical credit score or rating.

In accordance with the change of ownership requirements for the DMEPOS competitive bidding program found at 42 CFR §414.422(d), I confirm the above information is accurate and request the Competitive Bidding Implementation Contractor (CBIC) process the request to transfer the supplier contract.

Authorized Official Seller's Name (First, Middle, Last, Jr., Sr., etc.)
PRINT

Title/Position

Signature

Date

Authorized Official Purchaser's Name (First, Middle, Last, Jr., Sr., etc.)
PRINT

Title/Position

Signature

Date

PRA Disclosure Statement

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 (Expires XX/XX/XXXX). This is a voluntary information collection. The time required to complete this information collection is estimated to average 1 hour, 36 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Julia Howard, 410-786-8645