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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 Sta	tement 🔄 F	Personal Financial Statement	
ASSETS			LIABILITIES	
Cash (List Banks)			Accounts Payable	
, , , , , , , , , , , , , , , , , , ,			Taxes due & accrued	
Stocks + Bonds — Describe			Notes Payable to Bank	
			Notes Payable to Others (Describe)	
Notes Receivable — Describe			Mortgage on Real Estate	
Merchandise or Material in Stock			Mortgage on Real Estate	
Accounts Receivable			Other Liabilities — Describe	
Real Estate, Homestead A				
Real Estate, Investment B			TOTAL LIABILITIES	
Furniture and Fixtures			Capital Stock (Paid in)	
Other Assets - Describe			NET WORTH OR SURPLUS	
TOTAL ASSETS			TOTAL Liabilities and Net Worth	
Gross Sales - Two Y	ears Ago Las	st Year	Net Income - Two Years Ago	Last Year
Does applicant hav skilled care facility Type National Provider I Taxpayer Identifica National Supplier ( Total Annual Sales	? Yes No Lic dentification (NPI) Number ation Number (TIN) Clearinghouse or Provider T	ate Board to disp ense Number 		ng State
Does applicant hav skilled care facility Type National Provider I Taxpayer Identifica	? Yes No Lic dentification (NPI) Number ation Number (TIN)	ense Number		ng State
National Supplier (	Clearinghouse or Provider T	ransaction Acces	ss Number (NSC/PTAN)	
	s om Durable Medical Equipn	nent, Prosthetics,	, Orthotics and Supplies	

AGENCY DATA	
Agency Name	Agency Code

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. The applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.

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

Location Name and Address					
Does applicant have a License issued by a State Board to dispense/operate as: prescription drugs					
skilled care facility? Yes No License Number	Issuing State				
Туре	Date				
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					
Location Name and Address					
Does applicant have a License issued by a State Board to dispense/operate as: prescription drugs	ontician: hospital/clinic/				
skilled care facility? Yes No License Number					
National Provider Identification (NPI) Number					
Taxpayer Identification Number (TIN)					
National Supplier Clearinghouse or Provider Transaction Access Number (NSC/PTAN)					
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Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies					
Location Name and Address					
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skilled care facility? Yes No License Number	Issuing State				
Туре	-				
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skilled care facility?  Yes  No  License Number    Type	Issuing State Date				
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