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10451 Mill Run Circle, Suite 200
 Owings Mills, Maryland 21117

Application for Re-Assignment of Accreditation

Facility Information		
Facility Name		Doing Business As (DBA)
Street Address		
City	State	Zip
Phone		Fax
Email		Website
CMS Provider #(PTAN)	National Provider Identifier #(NPI)	Employer Identification Number (EIN)
Practice Hours: <i>Indicate am/pm and if the facility closes for lunch.</i>		
Monday – Friday _____		Saturday _____ Sunday _____
Closed for lunch? Yes ___ No ___ If yes indicate time _____		
Please list Corporate officer/Owner(s) and Compliance Officer. <i>Print Name(s)</i>		
Corporate Officer(s)	Owner(s)	Compliance Officer
Certified/Licensed Personnel (as required by federal or state regulation)		
Practitioner	Credential Type	
Practitioner	Credential Type	
Practitioner	Credential Type	
Practitioner	Credential Type	

Owner/Corporate Officer Signature

In signing this affidavit, I attest, upon personal knowledge, that all information reported in this application, including any and all accompanying documentation, is complete, accurate and true, to the best of my knowledge. I understand that falsification of information may result in a denial or revocation of accreditation. I agree to notify BOC in writing of all changes to ownership, corporate structure, location and/or provision of services/equipment. In submitting this application, I understand that I am granting permission to BOC and its authorized representatives to inspect my facility during normal business hours and without prior notification.

Print Owner/Corporate Officer Name

Signature Owner/Corporate Officer

Please complete a product category list and attach to this application. [Click here for full product list](#)

Survey fee if applicable \$ 995.00**

The supplier is required to prove or provide;

- verification of active and good standing status with current AO
- copy of most recent site visit report
- copy of current accreditation certificate
- listing of product categories included on existing accreditation
- copies of current business/professional licenses and certifications
- copy of most current Performance Improvement (PI) report/log
- 5 current patient files/demographics including the DME item(s) supplied and the corresponding prescription

*Applicants applying outside of the contiguous United States will be subject to an applicable surcharge for additional travel expenses.

*A \$75.00 fee may apply if you are adding certain categories.

Method of Payment

Check# _____ Visa___ MC___ Disc___	
CC# _____	Payment Amount \$
Expiration Date(MMY)	CSC # (3 digit #)

Name as it appears on card

Cardholder Signature

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL upon proper presentation. I agree to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card. Make Check or Money Order (in U.S. Dollars) payable to BOC. If your check is returned for any reason, you must submit a bank draft, money order or credit card payment with an additional fee of \$35.00 to cover the returned check processing fee. Applicants applying outside of the contiguous United States will be subject to an applicable surcharge for additional travel expenses. BOC does not offer refunds or accept post-dated checks.