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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.

ASSETS	LIABILITIES
Cash (List Banks)	Accounts Payable
( 2, 2, 3,	Taxes due & accrued
Stocks + Bonds — Describe	Notes Payable to Bank
	Notes Payable to Others (Describe)
Notes Receivable — Describe	Mortgage on Real Estate A
Merchandise or Material in Stock	Mortgage on Real Estate B
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
Location Name and Address	Net Income - Two Years Ago Last Year  State Board of Pharmacy (to dispense prescription drugs)?   Yes  No
National Provider Identification (NPI) Number  Taxpayer Identification Number (TIN)	
· ·	thetics, Orthotics and Supplies
	State Board of Pharmacy (to dispense prescription drugs)? $\Box$ Yes $\Box$ No
Pharmacy License Number	
Total Annual Sales Percent of sales from Durable Medical Equipment, Pros	thetics, Orthotics and Supplies
Location Name and Address  Does applicant have a Pharmacy License issued by a S	State Board of Pharmacy (to dispense prescription drugs)? $\Box$ Yes $\Box$ No
Pharmacy License Number National Provider Identification (NPI) Number Faxpayer Identification Number (TIN) National Supplier Clearinghouse or Provider Transaction	
Fotal Annual Sales	thetics, Orthotics and Supplies
AGENCY DATA	
AGLINGI DATA	

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 101 South Phillips Avenue, P.O. Box 5077 Sioux Falls, SD 57117-5077 1-800-331-6053 / Fax 605-335-0357

Location Name and Address
Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies
Location Name and Address Does applicant have a Pharmacy License issued by a State Board of Pharmacy (to dispense prescription drugs)?
Total Annual Sales  Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies
Totalica of dates from Burdalia Madical Equipment, 1 Totalicated, Ottholica and Supplies
Location Name and Address Does applicant have a Pharmacy License issued by a State Board of Pharmacy (to dispense prescription drugs)?
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 Pharmacy License issued by a State Board of Pharmacy (to dispense prescription drugs)?
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 Pharmacy License issued by a State Board of Pharmacy (to dispense prescription drugs)?
Total Annual Sales
Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies