DURABLE MEDICAL EQUIPMENT SUPPLIER SUPPLEMENTAL

Covers durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers, including home oxygen and respiratory providers. Complete with ACORD 125, 126, and 127 (delivery vehicles).

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE | PHONE | EMAIL

MEDICARE SUPPLIER NO. / ACCREDITATION | DELIVERY VEHICLES

2 OPERATIONS

Equipment and services (check all that apply):
☐ Home oxygen / respiratory ☐ Hospital beds ☐ Wheelchairs / power mobility ☐ Patient lifts ☐ CPAP / ventilators
☐ Orthotics / prosthetics ☐ Diabetic and wound supplies ☐ Repairs and rentals

PATIENTS SERVED PER YEAR | DELIVERY / SETUP TECHNICIANS | MEDICARE (% OF REVENUE)

2-1 Does the supplier provide home oxygen? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the supplier use telemarketing or paid marketers to find patients? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the supplier provide ventilators or life-support equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — OXYGEN, SETUP & EQUIPMENT SAFETY

DME claims involve equipment used at home by vulnerable patients: oxygen fires, often from smoking near oxygen; bed-rail entrapment; and lifts or wheelchairs that fail or were set up wrong. Medicare billing and marketing practices are a recurring enforcement target.

3-1 If yes to 2-1, are patients and families trained and warned in writing about smoking and open flames near oxygen? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is equipment set up by trained technicians at delivery? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is patient and caregiver training documented at delivery? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are hospital beds and rails set up per FDA entrapment guidance? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are rental and returned items cleaned, inspected, and repaired before reissue? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-3, is 24-hour emergency service available for life-support equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-2, has counsel reviewed marketing and referral arrangements under federal anti-kickback rules? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the supplier had an oxygen fire, entrapment, equipment-failure, or billing claim or investigation? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — RECALLS, DELIVERY, CREDENTIALING & DATA

4-1 Are manufacturer recalls tracked and affected patients contacted? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are delivery drivers' records checked yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are delivery vehicles insured on a commercial auto policy? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are oxygen cylinders secured in vehicles and storage per DOT and fire codes? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	RENTAL REVENUE ($)	TOTAL PAYROLL ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PRODUCTS & PROFESSIONAL LIABILITY / LIMITS	COMMERCIAL AUTO CARRIER	REGULATORY / BILLING E&O (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Is there a compliance program with billing audits and a compliance officer? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are patient complaints and equipment incidents logged and investigated? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE