



DMEPOS Bond Requirements for Dentists

Dental Sleep Medicine Professionals

On November 28, 2018 Medicare implemented a new requirement for all Dental Sleep Medicine (DSM) professionals who are currently enrolled as a Medicare DME supplier to secure a \$50,000 surety bond. As physicians, dentists were initially allowed the exemption for the surety bond requirement. However, a dentist enrolled as a Medicare DMEPOS supplier may obtain a prescription for a medical device from a physician, who has properly diagnosed and conducted a sleep study analysis for a shared patient.

When they provide these medical devices that have been prescribed by other providers, they no longer meet the requirements for exemption. A DMEPOS supplier that no longer qualifies for an exemption must submit a surety bond to the CMS contractor within 60 days after it knows or has reason to know that it no longer meets the criteria for an exemption.

Milwaukee Court Bond Agency, LLC
P.O. Box 602 • Butler, Wisconsin 53007
Phone/Fax: 262-781-BOND (2663)
Email: mcbabonds@sbcglobal.net
Website: www.mcbabonds.com

It's Easy To Get Your Bond

Secure the required \$50,000 surety bond today. The bond is \$250 annually per location. Simply complete the application page and return it with the \$250 premium to:

Milwaukee Court Bond Agency, LLC
P.O. Box 602
Butler, Wisconsin 53007

We will mail your bond promptly after receipt of the application and payment.

Note: This flyer contains only a brief summary of coverage and policy provisions. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. Coverages afforded are only those for which application is made and for which a premium charge is indicated in the Declarations of the policy.

OLD REPUBLIC SURETY COMPANY

(Or any of its Affiliated Companies)
P.O. Box 1635, Milwaukee, WI 53201
www.orsurety.com

Application for Medicare Bond

NPI # _____

- 1) Bond Amount \$50,000 Other: \$ _____ **If other amount, list all locations and NPI #'s to be covered on a separate page.**
Effective Date of bond _____ Federal Tax ID # _____ NSC/PTAN# (if you have one) _____
- 2) Legal Business Name _____ Corp ___ S Corp ___ LLC
Address/Location to be covered _____ Partnership ___ Proprietorship
- 3) Year Started _____ Type of Business _____
- 4) List Owners of the Company (If additional owners, please attach information on separate page)
- A. Name _____ Social Security # _____ - -
Home Address _____
Title _____ % Owned _____ Own Your Home? Yes No
- B. Name _____ Social Security # _____ - -
Home Address _____
Title _____ % Owned _____ Own Your Home? Yes No
- 5) Has the Company, any predecessor company or any owner ever:
- A. Failed in business or been in bankruptcy? Yes No C. Within the past 7 years, been in involved in any lawsuits? Yes No
- B. Been in a claim with a surety company? Yes No D. Had a tax lien exceeding \$1,000? Yes No
- Please explain any "Yes" answers _____
- 6) For how many years have you participated in Medicare? _____
- 7) Date of accreditation _____ Accreditation Organization _____
- 8) Approx. Amount of Medicare billings \$ _____ \$ _____ Expect next year \$ _____
(Last Year) (Two Years Ago)
- 9) Date of your last audit by Medicare _____ Any citations or problems reported? Yes No
If yes, describe _____
- 10) Has Applicant, any predecessor company, any owner or officer ever had a Medicare or Medicaid license revoked, or experienced an adverse legal action relative to Medicare or Medicaid? Yes No If yes, describe: _____
- 11) Is applicant currently licensed by a state board to operate as pharmacy, optician, hospital/clinic/skilled care facility? Yes No
License Number _____ Issuing State _____
Agency Information
Agency Name _____ Do you write applicant's P&C insurance? Yes No
Agency recommendation: _____

INDEMNITY AGREEMENT

(A FACSIMILE AND OR SCANNED COPY OF THIS AGREEMENT SHALL BE TREATED AS AN ORIGINAL FOR ALL PURPOSES)

The undersigned Applicant and Indemnitors, hereby certify that the information contained in this application to be true and request the Company to become Surety for and furnish the above bond and such other bond(s) as may now or hereafter be requested on behalf of the named Applicant including any continuation, substitution, extension, or alteration, thereof, and hereby authorize banks, materialmen, or others, including governmental entities, to furnish any information requested concerning any transaction with the undersigned. Should the Company execute said bond(s), the undersigned agree as follows: (1) To pay the usual premiums, including renewal premiums. (2) To indemnify the Company and hold it harmless against all loss, liability, costs, claim damages, expense, including, but not limited to, attorney's fees, investigative costs, etc. which may incur by reason of the Company writing said bond(s) or for the enforcement of this agreement. The Company may decline to become Surety on any bond of the Applicant and, in case it does act as Surety, shall have the right to withdraw or cancel same whenever it shall see fit and shall not be responsible for any loss or damage that may be sustained by reason of such action. Nothing shall be construed to waive or abridge any rights or remedies which the Company might have if this instrument were not executed.

The Agreement shall be effective this _____ day of _____, _____.

Fraud warning applicable in New York: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim 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 also shall be subject to a civil penalty not to exceed five thousand dollars in and the stated value of the claim for each such violation.

APPLICANT

_____ (SEAL)

By _____
(Officer's name and title if a corporation)

INDEMNITORS

_____ (SEAL)

_____ (SEAL)

Witness or attest _____

Witness _____

Witness _____

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