



# MEDICARE DME APPLICATION SERVICE

- ✓ You receive a Nierman Practice Management Form to complete for the application. This form reduces the DME 855S 39 page application form to approximately 5 pages.
- ✓ We guide you through preparing several mandatory documents that must be attached to the application, and make sure they meet Medicare's requirements.
- ✓ Nierman Practice Management prepares the CMS 855S application along with the CMS 588 Electronic Funds Transfer Form, and sends them to you along with a cover letter addressed to Medicare listing the application and all required document attachments.
- ✓ Our experts follow up with Medicare on the status of your application, and help prepare and expedite any additional information that is requested.
- ✓ Medicare conducts a site visit for all new DME suppliers. We supply all the information you need to meet the requirements of the site visit to keep it short and efficient.
- ✓ Once you receive your DME approval, we give you information for your initial account set up and for making claim filing easy and understandable.

**Select a DME Application Package**

**Completed DME Supplier Application For 1 Location** **\$1695**

Existing DME Package Clients May Purchase Any of the Following Services:

**Additional Locations** **\$995**  
Receive 30% off when bundled with initial location at time of purchase

**Changes of Ownership** **\$595**  
Resulting in the Issuance of a New Tax ID

**Reactivations / Revalidations** ~~\$995~~  
**\$500**

## Medicare Charges an additional fee of \$631 per above service

Pricing subject to change. Medicare Requires a \$250 Minimum Surety Bond. Additional locations require a separate DME supplier application and number. Payment instructions will be sent to you along with the completed DME application. You must file a DME claim within 12 months of final DME approval.

Dentist Name: \_\_\_\_\_ DME Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Name on Card: \_\_\_\_\_

VISA  MC  AMEX    Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total: \_\_\_\_\_