



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

Includes the 'Complete OSA Manual for Medicare' by Rose Nierman

Completed DME Supplier Application For 1 Location ~~\$1585~~ **\$1285**

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 \$599 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: _____