@rrendell's™ Training & Consulting

DME DATA SHEET FOR APPLICATION AND EMERGENCY PLAN

	GENERAL MANAGER / ADMINISTRATOR INFORMATION	
Full Legal Name:	DOB:	
Personal Address:		
Social Security No.		
Phone: Cell/Home	Cell: Home:	
Personal Email:		
	ASSISTANT GENERAL MANAGER / ADMINISTRATOR	
Full Legal Name:	DOB:	
Personal Address:		
Social Security No.		
Phone: Cell/Home	Cell: Home:	
Personal Email:		
	SAFETY LIAISON	
Full Legal Name:	DOB:	
Personal Address:		
Social Security No.		
Phone: Cell/Home	Cell: Home:	
Personal Email:		
	COMPANY INFORMATION	
Legal Business Name **(include: LLC, Inc, Corp., Other):**		
Business Status:		
Business Name:		
Bus. Address		
Bus. Phone / Fax	Phone: Fax:	
Bus. Email		
Bus. Owner #1	_____ % _____	
Bus. Owner #2	_____ %_____	
Bus. Owner #3	_____%_____	
Bus. Owner #4	_____%_____	

	ID NUMBERS	
NPI number		
EIN number		
Medicaid Num.	Medicaid: Medicare:	If applicable
Taxonomy Num		
NAICS Code		
Operating hours / days		
Warehouse Address, if applicable		
	PRINT NAME, SIGNATURE & DATE	
I Certify that I am authorized to provide the information given	Print Name: _____ Signature: _____ Title_____ Date: _____	

For Company Use Only: Date Received _____ Assigned to: _____
Follow-up

Please select

MOBILITY AIDS	Direct	Contract
Motorized Scooters	☐	☐
Wheelchairs	☐	☐
Passive Motion Devices	☐	☐
Electrostimulation Equipment	☐	☐
Other:	☐	☐

AMBULATION AIDS	Direct	Contract
Walkers	☐	☐
Walking Canes	☐	☐
Crutches	☐	☐
Other:	☐	☐
Other:	☐	☐

RESPIRATORY MODALITIES	Direct	Contract
Continuous Positive Airway Pressure Machines	☐	☐
Intermittent Positive Airway Pressure Machines	☐	☐
Apnea Monitors	☐	☐
Oxygen & Related Respiratory Equipment	☐	☐
Other:	☐	☐
Other:	☐	☐
Other:	☐	☐
Other:	☐	☐
Other:	☐	☐

SICKROOM SETUP	Direct	Contract
Hospital Beds	☐	☐
Patient Lifts	☐	☐
Specialty Prescribed Cribs (child safety)	☐	☐
Suction Machines	☐	☐
Phototherapy Lights w/Photometer	☐	☐
Pressure Ulcer Care Equipment	☐	☐
Enteral Feeding Pumps	☐	☐
Infusion Pumps	☐	☐
Portable Home Dialysis Equipment	☐	☐
Trapeze equipment	☐	☐
Vacuum Constriction Device (ED Pump)	☐	☐
Other:	☐	☐

DISPOSABLE SUPPLIES*	Direct	Contract
Diabetic	☐	☐
Ostomy	☐	☐
Urological	☐	☐
Wound Care	☐	☐

A. Indicate services to be provided directly and/or via contract.

SERVICE CATEGORY	Direct	Contract
Intake*	☐	☐
Delivery	☐	☐
Patient Training	☐	☐
Retrieval	☐	☐

SERVICE CATEGORY	Direct	Contract
Equipment Selection	☐	☐
Setup and Installation	☐	☐
Ongoing Service and Maintenance	☐	☐

Check the personnel and items below that are located at the address being licensed:

- ☐ General Manager
- ☐ Delivery personnel
- ☐ Intake personnel
- ☐ Maintenance/Repair personnel
- ☐ Consumer records
- ☐ Personnel records
- ☐ Consumer complaint records
- ☐ Inventory
- ☐ Contracts
- ☐ Insurance policies

FOR PERSONNEL AND ITEMS NOT CHECKED ABOVE, LIST THE ADDRESS (ES) WHERE EACH IS LOCATED OR MARK N/A AND EXPLAIN.

1.

2.

3.

Application Requirements:

Documents to be Provided:	Required For:
Current medical oxygen retail establishment permit issued by the Florida Department of Business & Professional Regulation in the provider's/licensee's name at the provider's street address, if applicable.	Initial, Renewal, and Change of Ownership application types
Accreditation and inspection report, and plan of correction (if applicable).	Initial, Renewal, and Change of Ownership application types
Certificate of commercial and professional liability insurance coverage	Initial, Renewal, and Change of Ownership application types
Documentation from the appropriate local government office showing that the applicant has met local zoning requirements	Initial, and Change of Ownership application types
Surety or Continuation Bond, if required per section 408.8065, F.S.	Initial, Renewal, and Change of Ownership application types
Proof of Financial Ability to Operate (AHCA Form 3100-0009)	Initial and Change of Ownership application types WE HAVE A REFERRAL.
Documentation of change of ownership transaction stating effective date and executed by all parties	Change of Ownership applications. NOT APPLICABLE TO YOU
Proof of Property Occupancy, Examples: Lease, Mortgage, and Transfer Agreement if applicable.	Initial, Renewal, Change of Ownership, Request to Change Name or Address of Provider application types
Health Care Licensing Application Addendum, AHCA Form 3110-1024 WE COMPLETE THIS APPLICATION	Initial, Renewal and Change of Ownership application types
Required disclosures related to actions taken by Medicare, Medicaid or CLIA, if applicable	All application types, if documentation is required due to responses provided in application
Approved repayment plan, if applicable	All application types

Emergency Data Collection

Geographical Area / County: _____

Person in charge during the emergency: _____

HME Owner: _____