DLN _____ Medicaid ID _____ Individual Name _____

Attachment. NFSS Durable Medical Equipment (DME) Supplier Acknowledgment and Signature Page

To be completed by Supplier and uploaded by NF if requesting a DME item

Select DME item (Select only one):

- ☐ Gait Trainer
- ☐ Orthotic Device
- ☐ Positioning Wedge
- ☐ Prosthetic Device
- ☐ Special Needs Car Seat or Travel Restraint
- ☐ Specialized or Treated Pressure-Reducing Support Mattress
- ☐ Standing Board/Frame

Supplier Certification and Acknowledgment

Supplier Certification and Acknowledgment:

1. I certify that the items being supplied under this order are consistent with the assessment for this resident and that the requested items are appropriate and can safely be used in the resident's environment when used as described in the assessment.
2. I understand that as the supplier, I will be reimbursed in accordance with the Health and Human Services Commission pricing guidelines for durable medical equipment (DME) provided under the Nursing Facility Specialized Services program and that as the supplier, I will not be paid more than the amount authorized. **The prices listed on the NFSS request are MSRP and I understand that the actual authorized amount for each item is based on MSRP minus 18%.**
3. I acknowledge that as the supplier, I will not seek additional reimbursement other than the amount authorized. I will not seek or accept any additional payment from the nursing facility, resident or resident's responsible party or other party for the DME item(s). **I also acknowledge that modifications and adjustments required within the first six months of delivery of the DME item(s) are covered within the authorized amount.**
4. I certify that none of the items listed on the NFSS request are used or refurbished equipment.

D1510A./D2510A./D3510A./D4510A./D5510A./D6510A./D7510A.
Supplier Representative's First Name (Printed)

D1510B./D2510B./D3510B./D4510B./D5510B./D6510B./D7510B.
Supplier Representative's Last Name (Printed)

If Contracted Medicaid or Medicare DME Provider, enter National Provider Identifier (NPI):

Supplier Representative's Signature

Supplier Representative's Signature Date