



REGISTRATION FORM

Check those you wish to register for:

_____ Medicare Bid _____ Insurance Contracts _____ EDGE(HME Store Program)

Company Name _____ Phone Number _____

Location Address _____ City/State/Zip _____

Mailing Address (if different) _____

CBA/County _____

Primary Contact: _____ Phone: _____ Email: _____

Medicare Part B Product Categories Currently Supplied:

- | | |
|--|---|
| <input type="checkbox"/> Oxygen Supplies and Equipment | <input type="checkbox"/> Enteral Products and Accessories |
| <input type="checkbox"/> CPAP/RADs and Accessories | <input type="checkbox"/> Hospital Beds and Accessories |
| <input type="checkbox"/> Walkers and Accessories | <input type="checkbox"/> Mail Order Diabetic Supplies |
| <input type="checkbox"/> Standard Power Mobility Devices | <input type="checkbox"/> Manual Wheelchairs |
| <input type="checkbox"/> Off-The-Shelf Orthotics | <input type="checkbox"/> NPWT Devices |
| <input type="checkbox"/> Group 2 Support Surfaces | <input type="checkbox"/> Nebulizers |
| <input type="checkbox"/> Ventilators | <input type="checkbox"/> TENS Devices |
| <input type="checkbox"/> Commode Chairs | <input type="checkbox"/> Patient Lifts/Seat Lifts |
| <input type="checkbox"/> Group 1 Support Surfaces | <input type="checkbox"/> Lymphedema Pumps |
| <input type="checkbox"/> Blood Glucose Monitors | <input type="checkbox"/> Infusion Pumps & Related Drugs |

Accreditation Organization _____

Payment Options:

Medicare Competitive Bid Round 2 Fee Is \$1750

Make Check Payable to HME Solution and mail to the P.O. Box listed below OR

FAX Form with Credit Card Information to us at (888) 228-4867 for immediate registration

Card Holder Name _____ Card Type _____

Card Number _____ Exp Date _____ Security # _____

Card Billing Address _____

Approval Signature _____

HME Solution, Inc., P.O. Box 17675, Holladay, UT 84117 (888) 228-4867