



JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

March 15, 2005

Re:

Dear DME Provider:

Our records indicate that the DME location named above does not have a current surety bond on file. A surety bond is required by DME policy at time of enrollment and bond renewal documentation must be submitted annually thereafter unless specific exemptions are met. Refer to Chapter 1 of the DME/Medical Supply Services Coverage and Limitations Handbook and the Provider General Handbook for information regarding surety bond requirements.

Submit a surety bond in the amount of \$50,000, or proof of exemption from surety bond coverage, by close of business April 30, 2005. Failure to comply with this request by the date listed will result in termination of the Medicaid number listed above.

Please complete the enclosed form, attach appropriate proof of bond coverage and submit to the address as indicated on the form.

Sincerely,

Alan Strowd, Chief
Medicaid Contract Management

Attachment





JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

Re:

Subject: DME Surety Bond Renewal

Please check the appropriate box:

- Surety Bond is enclosed. (Bond document must identify the name, physical address and Medicaid provider number of the DME location being bonded.)
- Exempt – DME is owned and operated by a government entity.
- Exempt – DME is owned by and operated within a Medicaid enrolled pharmacy. The pharmacy and the DME must be located at the same physical address.
- Exempt – DME is owned and operated by an entity with multiple locations. The provider number listed above is operated in addition to the five provider locations with current surety bonds as listed below.

Provider Name	Provider Number	Bond Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest that the information provided on this form is correct.

Signature of Owner
(or authorized signer)

Date

Print Name of Signatory

Attach proof of bond coverage for this provider number, if required, and return to:

For Regular Mail:
 ACS State Healthcare
 Provider Re-enrollment
 P.O. Box 13800
 Tallahassee, FL 32317-3800

For Overnight or Express Delivery:
 ACS State Healthcare
 Provider Re-enrollment
 2308 Killlearn Center Blvd STE 100
 Tallahassee, FL 32309



Medicaid Contract Management
2308 Killlearn Center Blvd., Suite B200
Tallahassee, FL 32309

AHCA Headquarters
2727 Mahan Drive
Tallahassee, FL 32308