

# ALL STATE BONDS

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**Form 10-E-DMEPOS**

## Supplemental for EASY APPLICATION FOR MEDICARE PROGRAM

Use this sheet as a convenience for providing financial information or information for secondary location(s) needing a bond.

Check one:  Business Financial Statement  Personal Financial Statement

ASSETS		LIABILITIES	
Cash (List Banks) _____		Accounts Payable _____	
Stocks + Bonds — Describe _____		Taxes due & accrued _____	
Notes Receivable — Describe _____		Notes Payable to Bank _____	
Merchandise or Material in Stock _____		Notes Payable to Others (Describe) _____	
Accounts Receivable _____		Mortgage on Real Estate _____ A	
Real Estate, Homestead _____ A		Mortgage on Real Estate _____ B	
Real Estate, Investment _____ B		Other Liabilities — Describe _____	
Furniture and Fixtures _____		TOTAL LIABILITIES _____	
Other Assets - Describe _____		Capital Stock (Paid in) _____	
TOTAL ASSETS _____		NET WORTH OR SURPLUS _____	
		TOTAL Liabilities and Net Worth _____	

Gross Sales - Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_ Net Income - Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_

Location Name and Address \_\_\_\_\_  
 Does applicant have a Pharmacy License issued by a State Board of Pharmacy (to dispense prescription drugs)?  Yes  No  
 Pharmacy License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Date \_\_\_\_\_  
 National Provider Identification (NPI) Number \_\_\_\_\_  
 Taxpayer Identification Number (TIN) \_\_\_\_\_  
 National Supplier Clearinghouse or Provider Transaction Access Number (NSC/PTAN) \_\_\_\_\_  
 Total Annual Sales \_\_\_\_\_  
 Percent of sales from Durable Medical Equipment, Prosthetics, Orthotics and Supplies \_\_\_\_\_

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**PAYMENT METHOD:**

- Check** (Make Check Payable to All State Bonds)
- Money Order**
- Credit Card**
- Master Card  Visa  Amex  Discover

Name on Card: \_\_\_\_\_  
 Credit Card No.: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_

Your credit card will not be charged until policy is issued.

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***Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law. The applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.***

Bonds Underwritten By

**CNA SURETY**