



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for New Durable Medical Equipment (DME) Permit

Note: This application form shall be valid for up to one year after the date of its receipt in the Board office. In the event the permit is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The permit application fee is **\$150**; we accept checks or money orders drawn on any bank located within the U.S. that is payable in US dollars to the Louisiana Board of Pharmacy.

Section 1 – Reason for Application

- New Permit
- Transfer of Ownership of Existing Permit → Please enter current permit number: _____

Section 2 – Company Information

Legal Name of Permit Owner: _____

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

FEIN: _____ *Attach a copy of either the IRS assignment letter or a signed W-9 form.*

Section 3 – Business Location

Note: In the event multiple locations transact business in the state or from any other location for the benefit of Louisiana citizens, separate application forms and fees are required for each such location.

Trade Name [d/b/a]: _____

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

National Provider Identifier (NPI) No.: _____

Medicare Provider No.: _____

Louisiana Medicaid Provider No.: _____

Owner's Managing Officer (OMO): _____

For Board Use Only:

Check No.: _____ Amount: _____

Permit No.: _____ Issued: _____

Section 4 – Company Ownership

For the legal entity identified in Section 1 above, please identify the owner(s) and owner's managing officer and provide the following information for each such person identified:

- Owner(s)
 - (1) Full legal name, mailing address, telephone number, and percentage of the total ownership held by that person. For each person holding 20% or more of the ownership, please provide the Social Security Number and date of birth for that person.
 - (2) In the event an owner holds, or has ever held, a professional license from any state licensing or regulatory authority, please indicate the type of credential, its current status, and whether or not that credential has ever been the subject of any disciplinary action by the state licensing or regulatory authority. If there has been action, please provide a copy of the decision, judgment, or other similar document.
- Owner's Managing Officer (OMO)

Please provide the full legal name, Social Security Number, date of birth, mailing address, telephone number, and title of position. In the event this person holds, or has ever held, a professional license from any state licensing or regulatory authority, please indicate the type of credential, its current status, and whether or not that credential has ever been the subject of any disciplinary action by the state licensing or regulatory authority. If there has been action, please provide a copy of the decision, judgment, or other similar document.

Section 5 – Prior History

Has the legal entity identified in Section 1 above, or any of its owners or owner's managing officer EVER been convicted of fraud by any local, state, or federal court with respect to Medicaid, Medicare, or any other insurance or third party benefits program?

Yes

No

An affirmative reply to this question requires two attachments: (1) your personal letter of explanation, and (2) certified copies of decision documents from the relevant court or government agency.

Section 6 – Attestations

- On behalf of the applicant firm, I hereby make application for a permit to procure, possess, and provide DME legend devices and/or medical gases to, or for the benefit of, Louisiana citizens.
- We understand and agree this permit does NOT authorize the procurement, possession, dispensing, or distribution of any legend drugs.
- We understand and agree this permit shall expire on August 31 of every year, that continuing authority requires timely renewal of the permit, and there is no grace period.
- We understand and agree that continued operations with an expired permit shall subject the permit owner to disciplinary action by the Board.
- We understand and agree that any false information or misrepresentation on this or any other application form may result in the denial of the application and the refusal to issue the permit – or if the permit was already issued, then the Board may suspend or revoke the permit.

Signature of OMO: _____ **Date:** _____
[Original required – no stamps or proxies permitted]