



# Louisiana Board of Pharmacy

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## Application for Late Renewal of Durable Medical Equipment (DME) Permit For 2016-2017

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy," to the address noted above. The total fee due with this application is **\$187.50**. Applications received on or after October 1, 2016 shall be subject to additional procedures and fees.

### Section 1 – Company Information

DME Permit No. \_\_\_\_\_

Legal Name of Organization \_\_\_\_\_

Business Name [d/b/a] \_\_\_\_\_

National Provider Identifier (NPI) No. \_\_\_\_\_

Medicare Provider No. \_\_\_\_\_

Louisiana Medicaid Provider No. \_\_\_\_\_

Owner's Managing Officer (OMO) \_\_\_\_\_

*[Must sign application form below.]*

### Section 2 – Disciplinary Actions

Since the last renewal (OR if this is the first renewal, then since the initial issuance) of the DME permit, has the firm identified above:

- or any of its owners or employees, been convicted of fraud by any local, state, or federal court with respect to Medicare, Medicaid, or any other insurance or third party benefits program?  
 Yes       No
  
- had an application for a permit denied in any other jurisdiction, OR has had an existing permit in any other jurisdiction sanctioned or disciplined by any local, state, or federal licensing authority  
 Yes       No

An affirmative reply to either one of these questions requires two attachments: your personal letter of explanation as well as certified copies of the judgment or other documents from the court or government agency.

### Section 3 – Attestation

On behalf of the entity identified above, I certify I am the Owner's Managing Officer, and submit this application for the renewal of the DME permit identified above. I understand and agree this permit authorizes our firm to procure, possess and provide DME, legend devices and /or medical gases. Further, I understand and agree this permit does NOT authorize the procurement, possession, dispensing, or distribution of any legend drugs.

Signature of OMO \_\_\_\_\_ Date \_\_\_\_\_

**For Board Use Only:** Check / M.O. # \_\_\_\_\_ Amt. \_\_\_\_\_