



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 Renewal of Durable Medical Equipment (DME) Permit For 2016-2017

Notices

- Blank applications may be copied as needed; please use standard copy paper. Applications completed or reproduced on thermal or waxy paper will not be accepted, and they shall be returned to the applicant.
- We encourage you to insert the information in the online version of the application form before printing it. If you choose to print the form first, please record your entries legibly using blue or black ink. Do not use pencil. Application forms completed in pencil, or those with illegible entries, shall be returned unprocessed.
- We require an original 'wet' signature from the Owner's Managing Officer (OMO); no stamps or proxies are permitted and we cannot process a faxed application form. Please note the OMO signing the application must be the same OMO recorded in the firm's licensure record. A change in the OMO cannot be accomplished on the renewal application; please obtain a blank copy of Form No. 65 from the Board's website for that purpose.
- We encourage you to review your application and attachments prior to submission to the Board. Our experience shows the most common reason for the return of an application is for incomplete responses. This will only delay the processing of your application.
- Please take note of the \$125 permit renewal fee. We accept checks or money orders drawn on a bank located within the U.S. and payable in U.S. dollars to the Louisiana Board of Pharmacy.
- Finally, please take note of the permit expiration date – August 31, 2016. Renewal applications timely filed require the \$125 renewal fee. Applications hand-delivered, postmarked, or placed with a mail carrier on or after September 1, 2016 shall require a 50% penalty, for a total amount due of \$187.50. Applications hand-delivered, postmarked, or placed with a mail carrier on or after October 1, 2016 shall require additional procedures and fees.



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Application for 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, between July 1 and August 31, 2016. The total fee due with this application, if submitted timely, is **\$125**. An incomplete application, including one without any required attachments, will be returned to the applicant. An application hand-delivered, postmarked, or placed with a mail carrier on or after September 1, 2016 shall require a late renewal penalty, for a total amount due of **\$187.50**. Applications received in the office on or after October 1, 2016 shall require 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: (1) your personal letter of explanation as well as (2) a certified copy 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. _____