

Fees

DME - New Application Fee	\$200.00	
		Total
	Fees:	\$200.00

DME.I.Sec1.Intro

This is an application for a NEW Louisiana Durable Medical Equipment Permit. If you are attempting to renew or reinstate an existing permit, exit this application and select the appropriate link within the Online Services Portal.

This application should not be completed using the account of any already existing permit or under the account of any individual. If you have not registered a new business account to submit this application, please exit this application and do so.

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 \$200.00. The invoice must be paid at the conclusion of the application or your application will not submit. Application fees are non-refundable.

DME.I.Sec2.ReasonForApp

1. Select the reason for submission of this application.

Ownership Transfer

2. If this application is based on an ownership transfer, enter the credential number of the existing permit.

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DME.I.Sec3.DispensingBusinessInformation

The questions below are specific to the location where business will be conducted. This section is NOT in regards to the legal entities holding ownership. Ownership information will be requested later in the application.

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.

3. Trade Name / DBA.

Application Preview

4. Physical address of business.

Application Preview

5. Mailing address of business.

Application Preview

6. Phone number of business.

(000) 000-0000

7. Facsimile of business.

(000) 000-0000

8. Email address of business.

ApplicationPreview@pharmacy.la.gov

9. National Provider Identifier No. (NPI).

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10. Medicare Provider No. You may respond N/A if this business does not have a Medicare Provider No.

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11. La. Medicaid Provider No. You may respond N/A if this business does not have an La. Medicaid Provider No.

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DME.I.Sec4.Ownership

All questions in this section are in regards to ownership of the business. The questions requiring that you enter a response are in regards to the legal entity holding direct ownership. The required attachment is for submitting required indirect ownership information.

12. Legal Name of Permit Owner.

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13. Physical Address of Permit Owner.

Application Preview

14. Mailing Address of Permit Owner.

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15. Telephone Number of Permit Owner.

(000) 000-0000

16. Facsimile of Permit Owner.

(000) 000-0000

17. Email Address of Permit Owner.

ApplicationPreview@pharmacy.la.gov

18. FEIN of Permit Owner.

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19. Upload a copy of either the IRS assignment letter or a signed W-9 form.

[PDF TEST.pdf](#)

20.

Identify and account for 100% of the ownership of the legal entity identified above.

For each person so identified, please attach documentation of the following: (1) full legal name, (2) date of birth, (3) Social Security Number, (4) mailing address, (5) telephone number, and (6) percentage of ownership or fraction thereof. Further, in the event any owner holds, or has ever held, a professional license or other credential issued by any state government agency, please provide a legible copy of the credential [or website verification thereof] and indicate whether or not the credential has ever been sanctioned or disciplined by any state licensing agency, or by any local, state, or federal government agency, or by any local, state, or federal court. In the event of any sanction or discipline, or if an application for such a credential has ever been denied in any jurisdiction, please provide a copy of the board, agency, or court decision document.

For each organization so identified, please attach documentation of the following: (1) full legal name, (2) Federal Employer Identification Number, (3) mailing address, (4) telephone number, (5) percentage of ownership or fraction thereof, and (6) an accounting for 100% of the ownership of the organization.

You may upload the document(s) with this information now.

[ExampleIndirectOwnershipSubmission_2023.05.pdf](#)

21. Ownership Transfers Only:

By the attached upload, the owner of the existing DME permit shall confirm the pending sale to the applicant as well as the anticipated transfer date. The new owner shall confirm the sale with a copy of the Bill of Sale or similar legal document.

[PDF TEST.pdf](#)

DME.I.Sec5.OMO

22. Owner's Managing Officer (OMO)

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23. 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.

You may upload the document(s) with this information now.

[ExampleOMOSubmission_2023.05.pdf](#)

DME.I.Sec6.PriorHistory

Criminal history may be used as a basis for denial for any application. All factors outlined in LA:R.S. 37:2950 may be considered. In accordance with LA:RS.37:33, an individual convicted of a crime may request at any time, including before obtaining any required education or training, that an entity issuing licenses to engage in certain fields of work pursuant to state law determine whether the individual's criminal conviction disqualifies the individual from obtaining a license issued or conferred by the licensing entity. You may find further information regarding this process by visiting <https://www.pharmacy.la.gov/page/act-486-2022rs>.

24. Has the legal entity identified as the owner, 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?

No

25. An affirmative reply to the question above requires two attachments: (1) your personal letter of explanation, and (2) certified copies of decision documents from the relevant court or government agency. You may upload those documents now, if applicable.

DME.I.Sec7.Attest

26.

I have been identified previously in the application as the Owner's Managing Officer. 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 suspension or revocation of the permit.

Yes

27. The use of this electronic application or form fully satisfies any requirement that it be provided to me in written form. I agree that I am responsible for understanding this application or form, and I agree to conduct business by electronic means. I agree that my use of an electronic signature to sign the application form legally binds me in the same manner as if I had manually signed the form. I verify that I have read, printed,

and/or saved the application form and that I do not need a copy to be mailed to me.

Yes

28. Owner's Managing Officer: As a component of your electronic signature, please type your name in the text box below.

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29. As a component of your electronic signature, please enter today's date in the text box below.

05/01/2023

DME.I.Sec8.Final

The next screen will offer you the opportunity to review all of your data entries and revise them if necessary. When you complete the review process you will have the option of printing your online application form should you wish to do so.

Your final step will be to generate and pay the invoice. At this time, our only online payment option is a credit card (American Express, Discover, MasterCard, and VISA). Your application will not be submitted until your invoice is paid.

You will receive emails from the Board updating you on the status of you application as needed after submission.