Clear Form

DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE

DURABLE MEDICAL EQUIPMENT (DME) SUPPLIER LICENSE APPLICATION

Type of Application: ☐ Initial
☐ Renewal; Existing DME License No.: _____

1. Name of Applicant (Name of corporation, partnership, LLC OR LLP; if individual, first, middle, last):

Trade Name (if applicable):

Type of Business:

☐ Individual (Sole Owner)
☐ Partnership
☐ Limited Liability Partnership (LLP)
☐ Corporation
☐ Limited Liability Co. (LLC)

2. Hawaii State General Excise Tax Identification Number (**REQUIRED**†):

3. Name of Responsible Contact:

Location (include suite no., state & zip code):	Mailing Address (if different from location):

Business Phone Number:

E-Mail Address:

4. License Fee:

Include $350.00 payable to "Director of Finance" in the form of a money order, cashier's check, or company/business check. Cash and/or personal checks will not be accepted.

If applicable, please provide the State of Hawaii,
Board of Pharmacy license/permit number: _____
License/Permit expiration date: _____

Method of Payment (Please check one):

☐ Money Order
☐ Cashier's Check
☐ Company Check
☐ Exempt

5. Submission of Documents and Affidavit Checklist *(<u>All documents are required</u>)*:

☐ Letter from an officer or executive of the DME supplier designating the named responsible agent(s) either located in or out of Hawaii who shall be responsible for providing timely and satisfactory services to consumers in Hawaii

☐ Copy of written procedures for handling complaints and problems from consumers. The written procedures shall include procedures for receiving, documenting, and resolving complaints or problems.

<u>In-State DME Suppliers:</u>

☐ A copy of your Hawaii business registration

☐ A copy of your Certificate of Good Standing

☐ A copy of your Hawaii General Excise Tax License

To obtain the documents mentioned above, you may register with the Hawaii Business Express, Department of Accounting and General Services:

<u>https://hbe.ehawaii.gov</u>

<u>Out-of-State DME Suppliers:</u>

☐ A copy of your state's business registration

☐ A copy of your Hawaii General Excise Tax License†

To obtain the documents mentioned above, you may register with the Hawaii Business Express, Department of Accounting and General Services:

<u>https://hbe.ehawaii.gov</u>

☐ A copy of the current business license in the state in which the applicant's dispensing facilities are primarily located

☐ Evidence of good standing in the state in which the applicant's dispensing facilities are primarily located

I agree:

☐ To notify consumers within two (2) business days if _____ cannot or will not provide the equipment, item, or service ordered. (Name of Applicant)

☐ The information provided on this application and supporting documents are complete and accurate.

☐ I have read and fully understand the Licensing announcement letter, Act 137 SLH 2016, and the "State Licensing of Durable Medical Equipment (DME) Suppliers Doing Business in Hawaii, Hawaii State Department of Health Office of Health Care Assurance (OHCA) Policy and Procedure", and agree to comply with all licensing requirements and policies and procedures.

† If your business has no nexus and no employees in the State of Hawaii, you are exempt from obtaining a Hawaii General Excise Tax License. Please submit a formal letter stating you have no nexus and no employees in Hawaii along with your DME Supplier License application.

☐ I understand that OHCA may deny my application for a new license or when renewing the license or may revoke or suspend a license when I fail to meet any requirement for licensure specified in Act 137 or in any OHCA policy and procedure related to DME supplier licensing. OHCA policies and procedures relating to DME supplier licensing shall be made available to licensees at http://health.hawaii.gov/ohca/dme.

Name and Title of authorized person:

Name: (Print) Title:

Signature: Date:

All questions and/or concerns must be sent by email to: DOH.OHCAmail@doh.hawaii.gov.