



Louisiana Board of Pharmacy

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



Application for New Durable Medical Equipment (DME) Permit

This application form is intended for use by any entity (regardless of location) intending to provide durable medical equipment (DME), legend medical devices and/or medical gases directly to Louisiana citizens pursuant to prescriptions from licensed practitioners with prescriptive authority.

Items included:

As defined by the Louisiana Board of Pharmacy, these terms have the following meaning and are subject to the authority conveyed by this permit:

- *Durable medical equipment (DME)* – means technologically sophisticated medical devices that may be used in a residence, including the following: (1) Oxygen and oxygen delivery system; (2) Ventilators; (3) Respiratory disease management devices; (4) Continuous positive airway pressure (CPAP) devices; (5) Electronic and computerized wheelchairs and seating systems; (6) Apnea monitors; (7) Transcutaneous electrical nerve stimulator (TENS) units; (8) Low air loss cutaneous pressure management devices; (9) Sequential compression devices; (10) Feeding pumps; (11) Home phototherapy devices; (12) Infusion delivery devices; (13) Distribution of medical gases to end users for human consumption; (14) Hospital beds; and (15) Nebulizers.
- *Legend device* – means an instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including any component part or accessory, which is required under federal law to bear the label "Caution: federal or state law requires dispensing by or on the order of a physician." and/or "Rx Only", or any other designation required under federal law.
- *Medical gas* – means those gases and liquid oxygen intended for human consumption.

Persons or entities exempted:

This credentialing requirement shall not apply to the following persons or entities – unless these persons or entities have separate business entities engaged in the business of providing these items to patients at their home: (1) Chiropractors; (2) Dentists; (3) Occupational therapists; (4) Optometrists; (5) Physical therapists; (6) Physicians; (7) Podiatrists; (8) Respiratory therapists; (9) Speech pathologists; (10) Veterinarians; (11) Distributors; (12) Home health agencies; (13) Hospice programs; (14) Hospitals; (15) Long term care facilities; (16) Manufacturers; and (17) Pharmacies.

In the event the applicant provides any of the items described above from more than one physical space, then each such physical space shall require a separate permit. The address noted on each license shall reflect the physical address. We cannot accept post office boxes for physical locations, but they are acceptable for mailing addresses. We will direct the initial permit and all subsequent communications to the physical address, unless you elect to provide an alternative mailing address. We encourage you to provide telephone, facsimile and email information, to facilitate timely communications with you or your office.

The owner's managing officer (OMO) is the person designated by the legal entity which owns the permit as the person responsible for compliance with all the laws and rules applicable to DME permit holders. The Board holds the OMO accountable to the Board in the event of any inquiry regarding the permit holder. Please note the required attachments; any applicant with an affirmative reply to the prior history question must include the requested documents.

We encourage you to insert the information in the online version of the document before printing it. We require an original 'wet' signature from the applicant; no stamps or proxies are permitted and we cannot process faxed application forms. Please take note of the \$150 application fee; we accept checks or money orders payable to Louisiana Board of Pharmacy. This application shall expire one year after the date of its receipt in the Board office; any attached fees shall be forfeited at that time.

Your Louisiana DME permit shall expire on August 31, 2013 regardless of the date of issue. You may not continue to provide covered products with an expired permit; there is no 'grace period.' We will send you a renewal reminder approximately 45 days prior to the expiration date.



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Application for Durable Medical Equipment (DME) Permit

\$150 application fee payable to Louisiana Board of Pharmacy

Section 1 – Company Information

Name [d/b/a]: _____

Physical Address*

Mailing Address

Address-1 _____ Address-1 _____

Address-2 _____ Address-2 _____

City, State, ZIP _____ City, State, ZIP _____

Telephone _____ Telephone _____

Facsimile _____ Facsimile _____

E-mail _____ E-mail _____

***Note: A separate application and fee are required for each physical location.**

Section 2 – Company Ownership

Please identify the name and contact information for the legal entity identified in Section 1 above.

Name: _____

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

Owner's Managing Officer (OMO): _____

FEIN of this legal entity: _____ La. Sec. of State Charter No. or Certificate No.: _____

Has the entity listed above 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: your personal letter of explanation, as well as certified copies of documents from relevant court or government agency.

- I hereby make application for a permit to procure, possess, and provide DME, legend devices and/or medical gases.
- I understand this permit does NOT authorize the procurement, possession, or distribution of any prescription medications.
- This permit shall expire August 31, 2013 regardless of the date issued.

Signature of OMO: _____ Date: _____

[Original required – no stamps or proxies permitted]