410.581.6222
877.776.2200
Fax: 410.581.6228
www.bocusa.org

10451 Mill Run Circle, Suite 200
Owings Mills, Maryland 21117

Addition of product line for BOC accredited facilities

List product line additions **(click here for complete information)**

Facility Information

Facility Name		Doing Business As (DBA)
Street Address		
City	State	Zip
Phone		Fax
Email		Website
Have the practice hours changed? Yes ___ No__ M-F _______________ Sa___________ Su__________ Closed for lunch? (indicate time) ______________________		Have there been changes to your Certified/Licensed Personnel? Yes ___ No ___

If you answered ***yes*** *to either of the above questions regarding changes in your practice please indicate these changes below and submit supporting documentation:*

Owner/Corporate Officer Signature

In signing this affidavit, I attest, upon personal knowledge, that all information reported in this application, including any and all accompanying documentation, is complete, accurate and true, to the best of my knowledge. I understand that falsification of information may result in a denial or revocation of accreditation. I agree to notify BOC in writing of all changes to ownership, corporate structure, location and/or provision of services/equipment. In submitting this application, I understand that I am granting permission to BOC and its authorized representatives to inspect my facility during normal business hours and without prior notification.

____ ____

Print Owner/Corporate Officer Name — Signature Owner/Corporate Officer

Product line change fee: $995.00 (only if a survey is needed)

The following product lines do not require a survey and therefore the fee to add these is $75

- Blood Glucose Monitors and Supplies- Mail Order (DM06)
- Blood Glucose Monitors and Supplies- Non Mail Order (DM05)
- Canes and Crutches (M01)
- Commodes/Urinals/Bedpans (DM02)
- Enteral Nutrients (PE03)
- Ostomy Supplies (PD06)
- Support Surfaces: pressure reducing beds/mattresses/overlays/pads (DM20)
- Surgical Dressings (S01)
- Urological Supplies (PD09)
- Walkers (M05)
- Wheelchair Seating/Cushions (M10)

Payment Method			
Check#______________________________ *Visa___* *MC___* *Disc___* CC#__________________________________	Exp. Date (MM/YY)	CSC# (3 digit code)	Amount
Name as it appears on card	Cardholder signature		

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL upon proper presentation. I agree to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card. Make Check or Money Order (in U.S. Dollars) payable to BOC. If your check is returned for any reason, you must submit a bank draft, money order or credit card payment with an additional fee of $35.00 to cover the returned check processing fee. Applicants applying outside of the contiguous United States will be subject to an applicable surcharge for additional travel expenses. BOC does not offer refunds or accept post-dated checks.