



Virginia Integrative Medicine Billing Policy for Medicare Patients Effective October 12, 2008

Please read this document carefully. At the end of this form, there is a page stating that you have read and understand Parts One through Four. **Please initial, sign and date this form, return it to our office with your medical forms, and keep a copy of our policies for yourself.**

For the rationale for our billing policies, please see [An Explanation of Our Billing Policy](#). For a description of what your visits will cover, see [What to Expect from Your Integrative Medicine Visits](#).

PART ONE: BRIEF SUMMARY OF “ORIGINAL MEDICARE PLAN” BILLING POLICY (PLEASE SEE PARTS TWO AND THREE FOR SPECIFICS)

- **At this time, Dr. Albert accepts Medicare assignment, but not Medicaid.**
- Within the scope of our practice, Medicare typically only pays for the “evaluation and management” of medical illnesses according to very strict definitions. These visits are termed “E & M” visits.
- **Preventive services are not covered by Medicare** with the exception of a one-time “Welcome to Medicare” physical exam and certain screening services (which are usually performed by your Primary Care Provider). Preventive services include counseling regarding health promotion, nutritional and herbal supplements, lifestyle change, interactive guided imagery, complementary and alternative medical treatments, and other similar services.
- **The unique integrative and preventive medicine services that we provide are NOT covered by Medicare.** However, office visits frequently will include elements that Medicare will cover. We will bill Medicare for the portion of your visit that may be Medicare eligible.
- **Most of each visit will not meet the criteria for Medicare coverage and will be billed to you.** Rarely, secondary insurance will cover preventive services that Medicare does not cover. Payment for any visit or portion of a visit that is not Medicare eligible is due at the time of your visit.
- **INITIAL VISIT WITH DR. ALBERT**
 - The cost of the usual initial visit, which is 2 hours in length, is often billable as a Level 5 Evaluation and Management visit (estimated as 1 hour) which is typically covered by Medicare, and a 1-hour Preventive Medicine Counseling visit which is not covered.
 - **You are also responsible for any Medicare copayment or deductible charges.** Medicare copayments are 20% of the allowable Medicare charge. If you do not have a Medicare Advantage Plan or Medicare supplemental (Medigap) policy that covers your copayments or deductibles, you will be responsible for paying these charges. You will receive a bill for these charges, if any, from our billing service, IMBS, after Medicare has paid (usually 2-3 months after you are seen).
 - **There is a \$180 charge for the portion of the visit that is not insurance eligible.** Your \$100 deposit will be applied to this charge leaving an \$80 balance for this specific charge that is due at the time of your visit.

- **FOLLOW-UP VISITS WITH DR. ALBERT**
 - Follow-up visits with Dr. Albert are generally 60 minutes in length.
 - The Medicare allowable portion of a 60 minute visit usually varies from 15 to 40 minutes depending upon the level of complexity of your visit as determined by Medicare guidelines.
 - If your visit meets the criteria for an illness-related E & M visit, and is eligible for Medicare coverage, the following charges will be billed to you to cover the additional Integrative/Preventive Medicine Counseling (PMC) services that are not Medicare covered.
 - 15-20 minute additional PMC portion: \$60.
 - 30-35 minute additional PMC portion: \$95
 - 45 minute additional PMC portion: \$135
 - **The typical 1-hour follow-up visit consists of a 15-minute Level 3 E&M visit (Medicare reimbursable) with a 45 minute PMC non-Medicare visit billed at \$135 and due at the time of service.**
 - **You will still be responsible for any applicable Medicare copayment or deductible in addition to the integrative/preventive medicine portion of your visit.**
 - For a 1-hour visit without a Medicare eligible component, the charge is \$180.
- Medicare does not pay for the following: phone consultations involving health counseling, extensive chart reviews, creating letters, reports, or completing forms. These services are billed at \$180/hour.
- **INITIAL VISIT CHARGES**
 - **We require a deposit of \$100 (credit card, cash, or check) for the initial appointment with Dr. Albert at the time the appointment is made. If you cancel your appointment with less than 3 business days notice, this deposit will serve as your cancellation fee. Otherwise, it will be applied to any non-insurance covered portion of your visit.** No deposit is necessary for visits with Dr. Wright.
- **Dr. Wright is not a Medicare provider. Her services are not covered by Medicare.**

PART TWO: SPECIFICS OF “ORIGINAL MEDICARE PLAN” COVERAGE

MEDICARE COVERED CHARGES

- Medicare places a number of restrictions on what it considers medically necessary, and therefore, reimbursable care. Within our range of services, **Medicare only covers face-to-face, conventional medical evaluation and management (“E & M”) visits**, and a few limited services such as smoking cessation counseling. E & M visits must include a medical history and review of body systems, a physical exam appropriate to the medical problem, and medical decision making.
- Medicare payment for E & M visits is determined by the “level” of the visit, which is based upon very specific criteria. **Dr. Albert can only bill Medicare for the appropriate level of Medicare service.**
- Allowable Medicare charges will be billed directly to Medicare and then your Medicare supplemental insurance (if applicable) through our billing service, IMBS. **You will receive a bill for any deductible and co-payment after your insurer(s) has made payment directly to VIM.**

- Medicare does not recognize Integrative Medicine as a specialty. Consequently, Dr. Albert's fee schedule is based on usual and customary charges for Family Practice physicians. For Medicare covered E & M visits, Medicare sets the maximum allowable charge.
- If part of your visit fulfills the requirement of an E & M visit, or other reimbursable service, the Medicare allowable fee will be billed to Medicare and you will be responsible for the portion of your visit that does not meet Medicare requirements.
- Phone calls
 - Phone consultations regarding issues that are not covered by Medicare (such as prevention, diet and supplements, etc.) will be billed to you (for specifics, please see the section on "Services Not Covered by Medicare").
 - It is not good medical practice to do complex medical management over the phone. If we need to address a complex new or existing medical problem, please come in for a face-to-face visit.

NOTICE OF EXCLUSIONS FROM MEDICARE BENEFITS (NEMB) SERVICES NOT COVERED BY "ORIGINAL MEDICARE PLAN"

Medicare does **not** pay for all of your health care costs. Medicare only pays for covered benefits. **Some items and services are not Medicare benefits and Medicare will not pay for them.** When you receive an item or service that is **not** a Medicare benefit, **you are responsible to pay for it**, personally or through any other insurance that you may have.

The purpose of this exclusion notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. **Before you make a decision, you should read this entire notice carefully.** Ask us to explain, if you don't understand why Medicare won't pay. Ask us how much these items or services will cost you.

Some of Dr. Albert's services and all of Dr. Wright's services are not covered by Medicare. **Medicare will not pay for preventive medicine visits or health counseling because it does not meet the definition of any Medicare benefit.** Medicare regulations are very strict and we must comply fully. This billing policy makes it possible for Dr. Albert to remain a Medicare provider. We are sorry that Medicare does not cover all our services and for any difficulties this may entail.

For all non-covered services, both Dr. Albert and Dr. Wright require payment at time of service. We accept payment by cash, check, VISA, MC, AMEX, or Discover Card.

DR. ALBERT

- Medicare does **not** cover "comprehensive preventive medical visits" or "preventive medicine counseling" visits. It does **not** cover counseling for diet, lifestyle, supplements, mind-body, or mental health. It only covers a one-time "Welcome to Medicare" physical exam and certain screening services, which are likely to have been conducted already by your Primary Care Provider.
- Preventive-medicine and health-promotion phone consults are not covered by Medicare. Phone consultations are billed at \$3.00 per minute or \$180 per hour. Payment is due by credit card at the time of service.
- Reviews of extensive medical records, beyond what is usual and customary for a medical visit, are not covered. You will be billed on a time basis.
- Completion of forms is not covered by Medicare. You will be billed on a time basis.

- **Letters, other than a letter to a referring physician, PCP, or referral request, are not covered.** Examples of non-covered letters include those regarding disability and explanations regarding your care to other physicians or practitioners. You will be billed on a time basis.
- **Consults regarding your care with individual health-care professionals are not covered by Medicare.** You will be billed on a time basis.
- **Charges for missed or late-cancelled appointments are not covered by Medicare.**

DR. WRIGHT

Dr. Wright is not a participating provider with Medicare. Fees for Medical Nutrition Therapy, Functional Nutrition Therapy, Lifestyle Counseling, Interactive Guided Imagery, and Nutritional Research are as follows:

- **Dr. Wright's nutrition/lifestyle consultation fee is \$125 for the initial 1¼ hour visit, unless a shorter visit (usually 1 hour) is recommended by Dr. Albert.** Included in the fee are Dr. Wright's preparation and documentation time, and either consultation time with Dr. Albert (if you are being seen by him) or time for a review of your medical history. Occasionally, a longer visit—1½ to 2 hours—is necessary to adequately cover particularly complex issues. See rates below.)
- Follow-up nutrition, lifestyle, and patient-education consultation fees are as follows: Fifty-five minutes to 1 hour for \$100. Forty to 45 minutes for \$75. Twenty to 25 minutes for \$50. Ten minutes for \$25. (Visits are booked on the hour or half-hour).
- Prolonged visits longer than 1-hour are billed at the rate of \$25 per each additional 15-minutes (\$100 per hour).
- A patient-requested [Supplementation Recommendation Chart](#) costs \$25 for the initial set-up. This chart is a computer-based, printed summary of a visit's supplement recommendations, which includes sources, scheduling, as well as any specific instructions.
- Phone calls longer than 5 minutes that involve more than a single, concrete issue will be considered phone consultations and billed at the same rate as face-to-face visits. Payment is due by credit card at time of service.
- Nutritional research requested by a patient is billed at \$20 for each 15-minute increment.
- Interactive Guided Imagery is billed at \$100 for an initial 1-hour 20-minute visit and \$75 for each 50-minute follow-up visit. (Visits are booked on the hour or half-hour.)

OTHER NON-COVERED OFFICE SERVICES AND FEES

- We copy current lab and other test results and patient notes as a courtesy for our patients. However, extensive copies of health-care records are charged at 25 cents per page.
- **MISSED APPOINTMENT FEES FOR DR. ALBERT AND DR. WRIGHT**
 - The missed appointment fee is \$100 for the initial appointment with Dr. Albert and 50% of the charge for the scheduled service for follow-up visits with Dr. Albert and any visit with Dr. Wright. The only exceptions are those of extreme inclement weather or a true emergency. We reserve the right to determine whether these criteria are met.
 - Because of the large amount of appointment time scheduled for you, **Dr. Albert requires at least 3 business days notice for initial appointment cancellations.** (Wednesday for the following Monday, Thursday for the following Tuesday, Friday for Wednesday, Monday for Thursday, Tuesday for Friday.) This allows us to contact other patients and give them a

chance to see Dr. Albert sooner. Your \$100 deposit will be applied to a missed initial appointment.

- Dr. Albert requires 24 hours notice for canceling follow-up appointments.
- Dr. Wright requires 24 hours notice for canceling appointments.

DIFFERENCES AMONG ORIGINAL MEDICARE PLAN, MEDIGAP POLICIES, AND MEDICARE ADVANTAGE PLANS

- The original Medicare Plan is a fee-for-service plan that is managed by the Federal Government. Unless you have joined a “Medicare Advantage Plan” you will be in the Original Medicare Plan. You can go to any doctor that is enrolled and accepts Medicare and is accepting new Medicare patients.
- Medigap policies are private insurance policies that help pay deductibles, coinsurance, or other costs that aren’t covered by the Original Medicare Plan. Insurance companies can only sell a “standardized” Medigap policy with specific benefits. Some Medigap plans will cover preventive medicine visits. Please let us know if your Medigap policy covers such visits.
- **Medicare Advantage Plans are health plan options that are approved by Medicare and run by private companies.** They are sometimes called “Part C.” Medicare Advantage Plans may combine drug coverage with standard Medicare coverage. However, depending upon the specific plan, they may also limit your choice of physicians to their own Preferred Provider Organization, or own Health Maintenance Organization. If you have a Medicare Advantage Plan, you will need to check to make sure that Dr. Albert is a preferred provider for your plan. Also, please let us know if your plan covers preventive-medicine counseling services.

WE ARE COMMITTED TO PROVIDING INTEGRATIVE CARE TO THE ENTIRE COMMUNITY. FOR PEOPLE FOR WHOM PAYMENT OF MEDICAL CARE IS A GENUINE FINANCIAL HARDSHIP, WE WILL NEGOTIATE THE MEANS TO PROVIDE CARE.

PART THREE: LABORATORY TESTING POLICY

We often recommend laboratory testing for our patients in order to gain a more complete understanding of their health concerns. We will discuss the purpose and cost of each test with you. The lab testing we recommend falls into two categories:

1. Testing that can be done through local laboratories (such as Martha Jefferson Hospital or University of Virginia Health Services)
2. Testing that is done through non-local, independent, specialty labs.

TESTING THROUGH LOCAL LABORATORIES

Since we do not draw blood in our office, we send our patients to either Martha Jefferson Hospital or University of Virginia Health Services, which both offer comprehensive conventional testing services. Medicare usually covers such testing as long as it is related to an appropriate medical diagnosis. If you have any concerns about your coverage, contact Medicare directly for clarification. You will need your diagnostic codes (ICD-9) and the CPT codes from the lab requisition slip. **If you have a Medicare Advantage Plan you may be limited to specific “in-network” laboratories.** Be sure to notify us if your coverage is limited to specific laboratories (for example, LabCorp).

TESTING THROUGH INDEPENDENT, SPECIALTY LABORATORIES

We use specialty laboratories to provide state-of-the-art and comprehensive testing not available from local labs such as Martha Jefferson Hospital. **For kits requiring a blood draw, we charge a \$25 handling/instructional fee.** This fee also covers Martha Jefferson Hospital’s extra labor costs of packing and sending out the blood samples. **There is a \$10 handling/instructional fee for each kit that only requires saliva, urine, or stool samples. These charges are not covered by Medicare.**

Such tests may include:

- Comprehensive cardiac profile (cholesterol, lipoproteins, homocystine, CRP, etc.)
- Digestive and stool analyses and/or intestinal permeability analysis
- Hormonal profiles (female, male, thyroid, adrenal stress, etc.)
- Estrogen metabolism (cancer prevention)
- Essential fatty acids (red blood cells)
- IgE/IgG allergy testing
- Oxidative Stress Markers
- Genomic testing (testing to determine common genetic variations that influence immunity, detoxification, and risks for certain cancers, heart disease, and osteoporosis)
- Nutrient assessment (vitamins, minerals, and/or cofactors)
- Organic acid profile (metabolic assessment of chronic health conditions)
- Toxic metal assessment

Many, but not all, of these laboratories accept Medicare assignment for covered tests.

Medicare patients usually are not required to submit prepayment (but do need to include front and back copies of their Medicare and supplemental insurance cards). However, there are exceptions. In the case of tests that may or may not be covered by Medicare, independent laboratories will require you to sign an “Advanced Beneficiary Notice”, stating that you will pay for the tests after Medicare has rejected payment for them. **Certain tests (such as toxic metal testing) that are clearly not reimbursable by Medicare will require you to send in prepayment for the test.** Some labs have prepaid shipping; other labs require you to pay for shipping the sample yourself.

Please contact our office if you have questions regarding specific tests. We cannot, however, guarantee coverage of any test.

PART FOUR: NOTICE OF PRIVACY PRACTICES

This notice is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective date: 12-1-2007

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

We are required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at our facilities and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request.

If you have questions about this Notice, please contact our Privacy Officer at 434-984-2846 or by writing to our office at VIM, 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903.

We may use and disclose your PHI in the following ways:

- **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. The people who work for or assist in our practice – including, but not limited to, our doctors and office assistant– may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
- **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

- **Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- **Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- **Treatment options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- **Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.
- **Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Other Uses and Disclosures. In addition to the uses and disclosures mentioned previously, we may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

- We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation.
- We may use or disclose your medical information for public health activities, including: the reporting of disease, injury, or disability, the reporting of domestic violence or child abuse or neglect, and the conduct of public health surveillance, investigation and/or intervention.
- We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.
- We may disclose your medical information in the course of certain judicial or administrative proceedings.
- We may disclose your medical information for law enforcement purposes such as complying with a court order, subpoena or warrant, and other law enforcement purposes.
- We may disclose your medical information to a coroner, medical examiner or a funeral director.
- If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.
- We may use or disclose your medical information to researchers conducting research that has been approved by an Institutional Review Board.
- We may use or disclose your medical information to appropriate persons to prevent or lessen a serious threat to the health or safety of another person or the public.
- We may use or disclose your medical information for military, national security, prisoner, and government benefits purposes. Note that disclosures for government benefits purposes are limited to health plans only.
- We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.
- We may use and/or disclose your medical information as may otherwise be required under federal or state law, including but not limited to disclosures under the Virginia Health Records Privacy Act.

Your Rights Regarding Your Medical Information:

You have the following rights with respect to your medical information:

- **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903. Your request must describe in a clear and concise fashion:
 - The information you wish restricted
 - Whether you are requesting to limit our practice's use, disclosure or both,
 - To whom you want the limits to apply.
- **You have the right to inspect and obtain a copy of your medical information.** This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of and/or mailing your records.
- **You have the right to request an amendment of your medical information.** We may deny your request for certain specific reasons, and, if denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- **You have the right to receive an accounting of the disclosures of your medical information** made by us in the six years prior to your request, except for disclosures of treatment, payment or operational purposes, and for certain other specific disclosure types.
- **You have the right to request a paper copy** of this Notice of Privacy Practices for Protected Health Information.
- **You have the right to complain** to our practice, the Virginia Department of Health and/or the United States Department of Health and Human Services if you believe that our practice has violated your privacy rights. To complain to VIM, please contact our Privacy Officer at (434) 984-2846 or by writing to Compliance Officer, 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903. If you choose to file a complaint, you will not be retaliated against in any way.
- **You have the right to be provided an authorization for other PHI uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact, VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903.

This Privacy Policy has been adapted from the American Academy of Family Physicians and from Martha Jefferson Hospital, Charlottesville, VA.



Virginia Integrative Medicine Billing Policy for Medicare Patients Effective October 12, 2008

Please initial the following statements, sign and date this form, return it to our office with your medical forms, and keep a copy of our policies for yourself.

1. I have read and understood Parts One and Two of the Policy Statement describing the charges that may and may not be covered by Medicare.
 - a. **I have read the section, "Notice of Exclusions from Medicare Benefits." I understand that Medicare will not pay for Preventive Medicine Counseling because it does not meet the definition of any Medicare benefit.** I understand that I will be responsible for any charges that are not Medicare eligible and are not covered by either Medicare supplemental insurance or a Medicare Advantage Plan. Non-covered charges include any fees for missed appointments or late cancellations.
 - b. **I understand that I am also responsible for any Medicare co-payments or deductibles that may be billed to me after my Medicare claim has been processed.** I understand that I will receive a separate bill for any such charges from the VIM billing company, IMBS.
 - c. I am responsible for notifying the VIM office if my Medigap or Medicare Advantage Plan covers either comprehensive preventive medicine or preventive medicine counseling visits.
_____ (initials)
2. I have read and understood Part Three of the Policy Statement describing charges for Laboratory Fees. It is my responsibility to inform the VIM office if my Medicare Advantage Plan only pays for lab services with selected companies, such as LabCorp. _____ (initials)
3. I have received Part Four describing the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand how my health information (as a patient of this practice) may be used and disclosed and how I can get access to my individually identifiable health information.
_____ (initials)
4. I understand that I am responsible for my bill. I agree to pay all costs of collection, including but not limited to agency fees and to pay any necessary and reasonable attorney fees incurred in the collection of my account, whether or not a suit is filed.

Print Name: _____

Signature: _____ **Date:** _____