



*Medicare
Lifestyle
Modification
Program
Demonstration*

Site Instructions

*Revised September 2002
Demonstrations Management Branch, Office of Financial Management*

Table of Contents

Section 1 - General Information		Page
A.	Overview of the Medicare Lifestyle Modification Program Demonstration	1
B.	Criteria for Patient Selection	1
C.	Roles and Contacts	2
Section 2 - Data Processing		
A.	Demonstration Identification (ID) Number	5
B.	Financial Information	5
C.	Inquiry for Medicare Eligibility	5
D.	Enrollments	6
E.	Disenrollments	6
F.	Duplicate Billing	6
Section 3 - Payment Processing		
A.	Payment	7
B.	Recoupment	8
C.	Payment Report	9
D.	Recoupment Report	9
E.	Summary Report	10
F.	Deposit Report	10
G.	History File Report	10
Exhibits:		
1.	Financial Information	E-1
2.	Inquiry for Medicare Eligibility	E-2
3.	Enrollment Form	E-3
4.	Disenrollment Form	E-4
5.	Payment Report	E-5
6.	Recoupment Report	E-6
7.	Summary Report	E-7
8.	Deposit Report	E-8
9.	History File Report	E-9

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Section 1 - General Information

A. Overview of the Medicare Lifestyle Modification Program Demonstration

The Centers for Medicare & Medicaid Services (CMS) is conducting the Medicare Lifestyle Modification Program Demonstration to test the effectiveness of providing payment for cardiovascular lifestyle modification program services to Medicare beneficiaries. The demonstration period began October 1, 1999.

The CMS has selected two national multi-site cardiovascular lifestyle modification models that offer 12-month, multi-disciplinary, clinical outpatient treatment programs. The program models receive a negotiated payment for each Medicare Part B eligible beneficiary meeting the clinical enrollment criteria and electing to voluntarily participate in the demonstration.

Please refer to the Demonstration Design Protocol for specific information regarding your program model. The following web site is also available for receiving the latest information: www.cms.hhs.gov/preventiveservices/3q.asp

B. Criteria for Patient Selection

In order for patients to be eligible to participate in the Medicare Lifestyle Modification Program Demonstration, they must meet the following criteria:

- Demonstration sites must ensure that the medical inclusion criteria outlined in the Demonstration Design Protocol have been met and that none of the exclusion criteria are present for Medicare beneficiaries.
- A physician must certify that the Medicare beneficiary meets these clinical eligibility requirements prior to the beneficiary's enrollment in the program.
- All Medicare beneficiaries must be age 65 or older and currently enrolled in Medicare Part B (Medical Insurance).
- All demonstration patients must live within a 90-minute commute from the program site.

Medicare Part A (Hospital Insurance) helps pay for inpatient hospital, critical access hospital, skilled nursing facility, hospice, and some home health care. Most people get Part A automatically when they turn age 65. They do not have to pay a monthly premium because they or a spouse paid Medicare taxes while they were working.

Medicare Part B (Medical Insurance) is required of beneficiaries participating in this demonstration. Part B helps pay for doctors' services, outpatient hospital care, and some other medical services when they are medically necessary that Part A does not cover. There is a monthly premium associated with Medicare Part B.

Sample Medicare Card

MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY John D. Doe			
MEDICARE CLAIM NUMBER	SEX		
123-45-6789A	MALE		
IS ENTITLED TO	EFFECTIVE DATE		
HOSPITAL INSURANCE (PART A)	7/1/66		
MEDICAL INSURANCE (PART B)	7/1/66		
SIGN HERE _____			

Additional information concerning Medicare may be obtained from the following sources: 1-800-MEDICARE, the *Medicare & You* handbook; or www.medicare.gov.

C. Roles and Contacts

Quality Measurement & Health Assessment Group, CMS

The Quality Measurement & Health Assessment Group (QMHAG) is the CMS lead component with responsibility for the design, implementation, and evaluation of this demonstration. Dr. Armen Thoumaian is the CMS Project Officer for this demonstration, and any questions concerning participation should be directed to him. Ms. Debbie Grossblatt is the liaison between QMHAG and the demonstration sites on policy matters. Ms. Mary Pratt is the CMS Project Officer for the quality monitoring and review contract.

Armen Thoumaian, Ph.D., Project Officer	410-786-6672
Debbie Grossblatt, Health Insurance Specialist	410-786-6866
Mary Pratt, Health Insurance Specialist	410-786-6867

Delmarva Foundation for Medical Care, Inc.

The CMS has designated Delmarva, a Medicare Peer Review Organization, to monitor the safety and ensure the quality of care provided to Medicare beneficiaries participating in this demonstration.

Information will be required from the demonstration sites to document and confirm the medical eligibility of Medicare patients according to the admission clinical screening criteria. Delmarva will oversee the demonstration sites to monitor compliance with the Demonstration Design Protocol and will alert CMS if a site is not in compliance. For more information, please refer to Delmarva's Site Instructions.

Brandeis University

The CMS awarded a contract to Brandeis University for the evaluation of this demonstration and will assist CMS in determining the feasibility and cost effectiveness of providing payment for lifestyle modification program services to Medicare beneficiaries.

The evaluation will include: 1) a prospective study of a cohort of Medicare beneficiaries age 65 and older who elected to participate in this demonstration compared to a control group cohort consisting of coronary artery disease patients with comparable demographic characteristics and disease severity; and 2) an assessment of the overall performance of the demonstration sites including quality of care delivery, treatment outcomes, patient satisfaction, and potential savings to Medicare.

Demonstrations Management Branch

The CMS Demonstrations Management Branch (DMB) will serve as the fiscal intermediary for this demonstration and has prepared these operating instructions to explain the billing methodology and payment criteria. The DMB staff will process the information submitted by each demonstration site, verify Medicare Part B eligibility for each enrollee, begin the payment process, and authorize the U.S. Treasury Department to issue payments.

Following are the names, telephone numbers, and E-mail addresses of DMB staff to contact regarding Medicare eligibility and payments:

Sharon Norman, Team Leader	410-786-6553	snorman@cms.hhs.gov
Mary Harris, Health Ins. Spec.	410-786-6542	mharris2@cms.hhs.gov
Ed Norwood, Senior Technician	410-786-6571	enorwood@cms.hhs.gov
Edward Berends, Branch Chief	410-786-6560	eberends@cms.hhs.gov
FAX number	410-786-0286	

When transmitting information to DMB via FAX, please dial 410-786-0286. If the transmission was not successful, please call one of the staff members.

When mailing any materials to DMB, please send to the address below:

Attention: Mary Harris
Centers for Medicare & Medicaid Services
Demonstrations Management Branch, OFM
7500 Security Boulevard
Room C3-13-06
Baltimore, Maryland 21244-1850
410-786-6542

Section 2 – Data Processing

A. Demonstration Identification (ID) Number

The Quality Measurement & Health Assessment Group will notify the Demonstrations Management Branch when sites have been approved for participation in the Medicare Lifestyle Modification Program Demonstration. The DMB will assign each demonstration site a primary ID number starting with ‘LMP’ (LMP01, LMP02, etc. for *Lifestyle Advantage* sites; LMPC1, LMPC2, etc. for *Cardiac Wellness* sites). Satellite sites will have an alpha suffix added to their primary ID number (e.g., LMP01A, LMPC2A).

The DMB will notify you of your specific ID number. This number is used by DMB in its tracking, reporting, and payment systems. Please be sure to include this number on all forms and correspondence sent to DMB. This number will also appear on the reports DMB sends to the demonstration sites.

B. Financial Information

The demonstration sites must complete and FAX the Financial Information form (see **Exhibit 1**) to DMB to establish an electronic transfer of funds so the payment process can begin. (Please note, funds will be transferred into the “contracted” demonstration site account and not into an individual satellite site account.) It is important to FAX a new financial form to DMB if any information changes to ensure the proper transfer of payments.

C. Inquiry for Medicare Eligibility

The demonstration sites are encouraged to FAX a list of potential Medicare enrollees for DMB to verify Medicare Part B eligibility (see **Exhibit 2**). We suggest that demonstration sites ask beneficiaries to show their Medicare card. To facilitate verification, please provide the beneficiary Medicare number, complete name, sex, date of birth, and the demonstration site FAX number. The DMB will verify Medicare eligibility within 1 day and FAX the list back to the demonstration site, noting any changes or problems.

D. Enrollments

After the beneficiary's Medicare Part B eligibility has been verified, the medical eligibility has been approved, and the beneficiary has attended their first class, then the demonstration sites must FAX to DMB their enrollment list that includes the beneficiary Medicare number, name, sex, date of birth, and the program/cohort start date (see **Exhibit 3**). This form must be signed and dated by the provider or authorized representative thereby certifying beneficiary signatures (Informed Consent Forms) are on file. The DMB will then process this information to begin the payment process.

E. Disenrollments

Should a beneficiary disenroll from the program, either voluntarily or involuntarily, the demonstration sites must FAX notification as soon as possible to DMB and include the enrollment date, disenrollment date, and reason for termination (see **Exhibit 4**). **NOTE: The disenrollment date is the date of the last class attended.**

F. Duplicate Billing

By participating in the Medicare Lifestyle Modification Program Demonstration, the negotiated payment rate represents your total reimbursement for the package of services you are providing. It is strictly prohibited to bill and/or collect payment from other sources such as Medicare, supplemental insurance companies, and scholarships. For example, you may not bill Medicare for cardiac rehab benefits for demonstration patients.

The CMS will conduct a periodic review to ensure Medicare is not paying twice for the same services. Duplicate payments will be identified for recovery action, and sites could jeopardize their continued participation in this demonstration.

Section 3 - Payment Processing

A. Payment

The demonstration sites will receive 80% of a total fixed payment amount for a 12-month program. This amount is negotiated with the parent or licensing entity for the lifestyle modification program and applies to all sites offering that program model. The beneficiary is responsible for paying the remaining 20% fee. The site may waive this fee, but it must do so for all beneficiaries.

Payments to demonstration sites for each beneficiary will be made prospectively on a quarterly basis in percentages as shown in the table below:

Payment Table

Quarter 1	Quarter 2	Quarter 3	Quarter 4
35%	15%	15%	35%
\$1,400*	\$600*	\$600*	\$1,400*

***NOTE: For illustrative purposes only, we are using a negotiated payment amount of \$5,000 with the 80% final payment equal to \$4,000. These figures do not represent actual payments to demonstration sites.**

After DMB receives and processes the enrollment data, the payment cycle will be established the month that each program/cohort begins. If enrollment data are approved by DMB by the end of the month, funds will be electronically deposited to the demonstration site financial institution's account by the 30th of the following month. The DMB will continue to make the quarterly payments for each beneficiary for 1 year or until notification of a termination event or Medicare ineligibility.

Following is an example of a program/cohort running July 20, 2001 - July 19, 2002. The Enrollment form was received in DMB after the class began and was approved in July 2001. This established the payment cycle to begin July 2001, with the first quarter payment (at 35% of the negotiated rate) issued in August 2001. In October 2001, the second quarter payment (15%) was issued; in January 2002, the third quarter payment (15%); and finally in April 2002, the fourth quarter payment (35%).

Example: Program/cohort start date of July 20, 2001

Payment Cycle	Quarter	Percent	Payment*	Payment Transfer Date
July 2001	1	35%	\$1,400	August 30
October 2001	2	15%	600	October 30
January 2002	3	15%	600	January 30
April 2002	4	35%	1,400	April 30

*sample figures

B. Recoupment

If a Medicare beneficiary is disenrolled from the demonstration program during the year, DMB will recoup a monthly percentage from the quarterly payment that was made. The following table shows these monthly percentages and recoupment amounts based on our payment example of \$4,000.

Recoupment Table

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Month	1	2	3	4	5	6	7	8	9	10	11	12
Percent	.15	.10	.10	.05	.05	.05	.05	.05	.05	.10	.10	.15
Recoup*	-600	-400	-400	-200	-200	-200	-200	-200	-200	-400	-400	-600

*sample figures

For example, if the first quarter payment was made (\$1,400) and the beneficiary disenrolls within the first month, DMB would recoup months 2 and 3 (or \$800). If a second quarter payment was made (\$600) and DMB was informed late that the beneficiary disenrolled in the third month, DMB would recoup months 4, 5 and 6 (or \$600). If the beneficiary disenrolls in the 12th month before completing the program, CMS reserves the right to recoup the last month's payment. In addition, there are two ways disenrollment records are handled, depending on when the record is received in DMB:

- If a disenrollment record is received during the same time we are processing the enrollment record, an adjustment to the quarterly payment amount will be made, if necessary.
- If the quarterly payment was already made and the disenrollment record comes in later, there will be a recoupment of monies paid.

C. Payment Report

A Payment Report will be sent to each demonstration site explaining the payment being made (see **Exhibit 5**). If a demonstration site conducts one Medicare Lifestyle Modification Demonstration program/cohort a year, it would normally receive four Payment Reports during the year (more if an enrollment record is received late). If a demonstration site starts a new program/cohort every month, it would receive a Payment Report every month.

The Payment Report is in alphabetical order and identifies the beneficiary's name, Medicare number, enrollment date of their program/cohort, disenrollment date, the quarter being paid, corresponding quarter date, and the payment amount. Each time a quarterly payment is made, a Payment Report will be mailed to the demonstration sites.

In Exhibit 5, example *Doe1* shows an enrollment record and the first quarter payment. Example *Doe2* shows an enrollment record and the disenrollment record processed during the same cycle. The demonstration site would be entitled to \$1,400 for the first quarter, but we recovered \$400 (the third month in the quarter due to the disenrollment), adjusting the actual payment to \$1,000 (\$1,400-\$400).

D. Recoupment Report

If a beneficiary disenrolls from the demonstration program and a recoupment of payment is necessary, a Recoupment Report will be generated (see **Exhibit 6**). This report includes the beneficiary's name, Medicare number, enrollment date, disenrollment date, the quarter paid, payment quarter date (or month the quarter began), the actual payment date, payment amount, and the amount that is being recouped.

In the example *Doe3*, the first quarter payment of \$1,400 was made on the payment report of 07/01/2001. Since the beneficiary disenrolled at the end of the first month of the quarter, months 2 and 3 (or \$800) was recouped.

The total amount of the recoupment will be withheld from the current payment. However, if the total recoupment amount exceeds the total payment amount, the recoupment will be held until a sufficient payment is made. If there are no active beneficiaries, a letter will be sent requesting a check for the amount of the overpayment.

E. Summary Report

The Summary Report shows the total amount of the payments due (from the Payment Report), the total recoupment necessary (from the Recoupment Report), and the total reimbursement due (see **Exhibit 7**). A separate Summary Report will be generated for each primary and satellite site.

F. Deposit Report

The Deposit Report may look exactly like the Summary Report unless you have satellite sites because the Deposit Report is a consolidation of all Summary Reports under the primary LMP number (see **Exhibit 8**). The Deposit Report also states, “This reimbursement will be sent directly to your financial institution.”

The total reimbursement on the Deposit Report reflects the amount that should appear in your account within 10 days of receipt of the report. If it does not, please contact DMB.

G. History File Report

The DMB will also send a History File Report to each demonstration site showing the status of their beneficiaries enrolled in the Medicare Lifestyle Modification Program Demonstration (see **Exhibit 9**). This report will be in alphabetical order and include the beneficiary Medicare number, enrollment date, disenrollment date, the quarters that have been paid, the pay date, the payment amount, any recoupments, the recoupment date, and the total amount CMS paid for each beneficiary. The “Remarks” field will contain the reason for disenrollment. The total enrollment number is included at the end of the report. A History Report is generated for each primary and satellite ID number.

The example of *Doe1* shows payment for the first and second quarters. For *Doe2* the first quarter payment reflects an adjustment made as a result of the disenrollment processed during the same cycle. *Doe3* shows a recoupment as a result of a disenrollment processed after a payment was issued.

NOTE: Please notify DMB immediately if any errors or discrepancies are found in the reports sent to you.

Exhibits

FINANCIAL INFORMATION

The information concerning your financial institution should be available through your agency's treasurer or financial institution. A contact person and phone number at your financial institution are important for verification purposes. Your financial institution can assist you in providing the routing number. The numbers in parentheses indicate the maximum number of positions for a particular field. Not all fields have a restricted length. Complete all items.

FAX to: CMS, Demonstrations Management Branch, 410-786-0286.

Provider Information - Name and address of provider (payee):

Name (35) _____

Address Line 1 Lifestyle Modification Program

Line 2 (35) _____

Line 3 (30) _____

City (20) _____ State (2) _____ Zip Code (5) _____

Tax ID No. (EIN) (9) _____ Provider Phone No. (____) _____ - _____

Financial Information - Name and address of financial institution:

Name _____

Address _____

City _____ State _____ Zip Code _____

Account Number to be credited with the funds: _____

Type of Account (Circle One): CHECKING SAVINGS

Financial Institution's Routing No.(9) _____ Phone No.(____) _____ - _____

Contact Person: _____

Signature/Title of person completing this information

Phone Number

Date

**INQUIRY FOR MEDICARE ELIGIBILITY
for Medicare Lifestyle Modification Program Demonstration**

FAX to: CMS, Demonstrations Management Branch, 410-786-0286

Provider Name: _____ Date: _____

Address: _____ Phone # _____

City: _____ State: _____ ZIP _____ FAX # _____

LMP	Medicare No.	Last Name	First Name	M I	Sex	Birth Date
-----	--------------	-----------	------------	-----	-----	------------

LMP01	999999999A	DOE1	JANE	J	F	1/1/1921
LMP01	999999999B	DOE2	TOM	T	M	2/2/1922
LMP01	999999999C	DOE3	JOHN	J	M	3/3/1923

**ENROLLMENT FORM
for Medicare Lifestyle Modification Program Demonstration**

FAX to: CMS, Demonstrations Management Branch, 410-786-0286

Provider Name: _____ FAX #: _____

Address: _____ Phone # _____

City: _____ State: _____ ZIP _____

LMP	Medicare No.	Last Name	First Name	Sex	Birth Date	Program Start Date
-----	--------------	-----------	------------	-----	------------	--------------------

LMP01	999999999A	DOE1	JANE	F	1/1/1921	7/20/2001
LMP01	999999999B	DOE2	TOM	M	2/2/1922	7/20/2001
LMP01	999999999C	DOE3	JOHN	M	3/3/1923	6/01/2001

Signature of Provider/Authorized Representative

Date

**DISENROLLMENT FORM
for Medicare Lifestyle Modification Program Demonstration**

FAX to: CMS, Demonstrations Management Branch, 410-786-0286

Provider Name: _____ Demo ID: LMP _____

Address: _____ Phone # _____

City: _____ State: _____ ZIP _____ FAX # _____

Medicare No.	Last Name	First Name	Enrollment Date	Disenrollment Date	Reason
--------------	-----------	------------	-----------------	--------------------	--------

999999999B	DOE2	TOM	7/20/2001	8/05/2001	MOVED
999999999C	DOE3	JOHN	6/01/2001	6/30/2001	WITHDREW

Signature of Provider/Authorized Representative

Date

Payment Report

MEDICARE LIFESTYLE MODIFICATION PROGRAM DEMONSTRATION
LMP01 – DEMO SITE NAME
PAYMENT REPORT FOR 08/01/2001

LAST NAME	FIRST NAME	MEDICARE NUMBER	ENROLLMENT DATE	DISENROLLMENT DATE	QUARTER QUARTER	QUARTER DATE	PAYMENT AMOUNT
DOE1	JANE	999999999A	07/20/2001		1	07/2001	\$1,400
DOE2	TOM	999999999B	07/20/2001	08/05/2001	1	07/2001	\$1,000
TOTAL PAYMENT AMOUNT:						\$2,400	

Recoupment Report

MEDICARE LIFESTYLE MODIFICATION PROGRAM DEMONSTRATION
LMP01 – DEMO SITE NAME
RECOUPMENT REPORT FOR 08/01/2002

LAST NAME	FIRST NAME	MEDICARE NUMBER	ENROLLMENT DATE	DISENROLLMENT DATE	QUARTER	PAYMENT QUARTER DATE	ACTUAL PAYMENT DATE	PAYMENT AMOUNT	RECOUPMENT AMOUNT
DOE3	JOHN	999999999C	06/01/2001	06/30/2001	1	06/2001	07/01/2001	\$1,400	-\$800

TOTAL RECOUPMENT AMOUNT: -\$800

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Month	1	2	3	4	5	6	7	8	9	10	11	12
Percent	.15	.10	.10	.05	.05	.05	.05	.05	.05	.10	.10	.15

Summary Report

MEDICARE LIFESTYLE MODIFICATION PROGRAM DEMONSTRATION
LMP01 – DEMO SITE NAME
SUMMARY REPORT FOR 08/01/2001

TOTAL PAYMENT AMOUNT:	\$ 2,400
TOTAL RECOUPMENT AMOUNT:	-\$ 800
TOTAL REIMBURSEMENT:	\$ 1,600

Deposit Report

MEDICARE LIFESTYLE MODIFICATION PROGRAM DEMONSTRATION
LMP01 – DEMO SITE NAME
DEPOSIT REPORT FOR 08/01/2001

TOTAL PAYMENT AMOUNT:	\$ 2,400
TOTAL RECOUPMENT AMOUNT:	-\$ 800
TOTAL REIMBURSEMENT:	\$ 1,600

This reimbursement will be sent directly to your financial institution.

History File Report

MEDICARE LIFESTYLE MODIFICATION PROGRAM DEMONSTRATION
 LMP01 – DEMO SITE NAME
 HISTORY FILE 11/30/2001

LAST	NAME	FNAME	MEDICARE NUMBER	ENROLL DT	DISENR DT	QTR	QTR DT	PAY DT	PYMT	RCPMT	RCPMT DT	TOTAL	REMARKS
DOE1	JANE		999999999A	07/20/2001		1	07/2001	08/2001	\$1,400	\$0		\$2,000	
						2	10/2001	10/2001	\$600				
DOE2	TOM		999999999B	07/20/2001	08/05/2001	1	07/2001	08/2001	\$1,000	\$0		\$1,000	moved
DOE3	JOHN		999999999C	06/01/2001	06/30/2001	1	06/2001	06/2001	\$1,400	-\$800	08/2001	\$600	withdrew
				TOTAL ENROLLMENT:		3							

BLANK FORMS

FINANCIAL INFORMATION

The information concerning your financial institution should be available through your agency's treasurer or financial institution. A contact person and phone number at your financial institution are important for verification purposes. Your financial institution can assist you in providing the routing number. The numbers in parentheses indicate the maximum number of positions for a particular field. Not all fields have a restricted length. Complete all items.

FAX to: CMS, Demonstrations Management Branch, 410-786-0286

Provider Information - Name and address of provider (payee):

Name (35) _____

Address Line 1 Lifestyle Modification Program

Line 2 (35) _____

Line 3 (30) _____

City (20) _____ State (2) _____ Zip Code (5) _____

Tax ID No.(EIN) (9) _____ Provider Phone No. (____) _____ - _____

Financial Information - Name and address of financial institution:

Name _____

Address _____

City _____ State _____ Zip Code _____

Account Number to be credited with the funds: _____

Type of Account (Circle One): CHECKING SAVINGS

Financial Institution's Routing No.(9) _____ Phone No. (____) _____ - _____

Contact Person: _____

Signature/Title of person completing this information

Phone Number

Date

**INQUIRY FOR MEDICARE ELIGIBILITY
for Medicare Lifestyle Modification Program Demonstration**

FAX to: CMS, Demonstrations Management Branch, 410-786-0286

Provider Name: _____ Date: _____

Address: _____ Phone # _____

City: _____ State: _____ ZIP _____ FAX # _____

LMP	Medicare No.	Last Name	First Name	M I	Sex	Birth Date
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**ENROLLMENT FORM
for Medicare Lifestyle Modification Program Demonstration**

FAX to: CMS, Demonstrations Management Branch, 410-786-0286

Provider Name: _____ FAX #: _____

Address: _____ Phone # _____

City: _____ State: _____ ZIP _____

LMP	Medicare No.	Last Name	First Name	Sex	Birth Date	Program Start Date
-----	--------------	-----------	------------	-----	------------	--------------------

Signature of Provider/Authorized Representative

Date

**DISENROLLMENT FORM
for Medicare Lifestyle Modification Program Demonstration**

FAX to: CMS, Demonstrations Management Branch, 410-786-0286

Provider Name: _____ Demo ID: LMP _____

Address: _____ Phone # _____

City: _____ State: _____ ZIP _____ FAX # _____

Medicare No.	Last Name	First Name	Enrollment Date	Disenrollment Date	Reason
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Signature of Provider/Authorized Representative

Date