

Please Provide Responses to the Fields Below Electronically to be Accepted

Medicare Red Tape Relief Project

Submissions accepted by the Committee on Ways and Means, Subcommittee on Health

Date:

Name of Submitting Organization:

Address for Submitting Organization:

Name of Submitting Staff:

Submitting Staff Phone:

Submitting Staff E-mail:

Statutory___ Regulatory___

Please describe the submitting organization's interaction with the Medicare program:

Please use the below template as an example of a submission regarding statutory or regulatory concerns, and submit any further concerns past those listed below in a separate Microsoft Word document in the same format. Submissions must be in the requested format or they will not be considered.

In the case of listed Appendices, please attach as PDF files at the end of the submission, clearly marked as "Appendix [insert label]"

In the case of a multitude of submissions, it is recommended that they be submitted in order of priority for the submitting organization or individual.

Short Description:

Summary:

Related Statute/Regulation:

Proposed Solution: