

Consent to Public Disclosure of Participation

Print Form

The Centers for Medicare & Medicaid Services (CMS) requires that when Palmetto GBA consults with an expert during the development of a Local Coverage Determination (LCD), they shall inform and obtain consent from the expert that their opinion may be used, disclosed publicly, and clearly identified as such within the proposed or final LCD.

I, , hereby consent that my name, professional affiliation and opinion on the topic and content of that opinion with respect to the proposed Local Coverage Determination for

may be used, publicly disclosed and clearly identified in any proposed or final Local Coverage Determination drafted by Palmetto GBA.

Name/Title (MD, DO, PhD, etc.) (Print):

Board Certification(s):

Name of organization:

Specialty(s):

Practice Experience (years):

Practice Setting:

Private Practice

Academic

Hospital-employed

Government/Military

Specialty Organization Memberships:

Name of Organization(s):

Title:

I have no financial relationships with industry, for example through employment, consultancies, stock ownership, honoraria, expert testimony, either directly or through immediate family.

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Relationship disclosure:

Signed: _____

Date