**CGS Administrators, LLC**

**J15 A/B MAC**

 **Consent to Public Disclosure of Opinion and Participation**

[**Insert Topic and Date of Meeting**]

During the Open Public Draft Local Coverage Determination (LCD) Discussion Meetings, Medicare Administrative Contractors (MACs) may allow industry representatives, physicians, beneficiary representatives, medical associations or other health care professionals to present regarding a specific Draft LCD. When a MAC allows someone to present, it must inform and obtain consent from the presenter that their presentation may be used and disclosed publicly. The purpose of this document is to document CGS Administrators, LLC compliance with this requirement pursuant to IOM 100-08 Medicare Program Integrity Manual Ch. 13 - Local Coverage Determinations, 13.2.3 - Clinical Guidelines, Consensus Documents and Consultation.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. Do you or any member of your immediate family own stock or have another formal financial interest in any company, including internet or e-commerce organizations, that develops, manufactures, finances, distributes and/or markets consulting, evidence reviews or analyses, or other services related to topic of discussion on [insert topic] on [insert date]?

Yes No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I (Print Name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

hereby consent to the public disclosure of my presentation and agree that it may be used and publicly disclosed by CGS J15 A/B MAC:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. My Occupation and Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above statements are accurate and true.

SIGNATURE DATE

Please return this signed and dated consent to: CMD.Inquiry@cgsadmin.com. The signature must be handwritten or an electronic signature. Stamped signatures are not acceptable.

Sincerely,

The CGS J15 Policy Department