

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the “Code of Conduct and Compliance Procedures – A Brief Summary” for ENT and Allergy Associates, LLP (“The Practice”).

I agree to read the Summary, to conduct myself in conformity with all of its requirements, to adhere to the spirit and letter of the Code of Conduct, and to cooperate with management in carrying out the objectives of the Compliance Program.

I certify that I have never been convicted of an offense which would constitute a material violation of the Code of Conduct and Compliance Procedures and/or ENT and Allergy Associates, LLP employee handbook. I have never been excluded from participation in the Medicare and Medicaid program.

I certify that I have never been discharged from previous employment or punished by a previous employer for conduct which would constitute a material violation of the Code of Conduct and Compliance Procedures and the ENT and Allergy Associates, LLP employee handbook.

I further certify that I know of no conduct by any Practice personnel that may constitute a violation of any law, rule, or regulation applicable to the Practice and its business or medical practices.

Acknowledged and agreed:

Signature

Print Name

Job Title or Description

_____, 20____
Today's Date