

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON ETHICS

**FORM FOR DISCLOSING FEES AND EXPENSES FOR MEMBERS
WHO ARE PRACTICING MEDICINE***

WHO MUST FILE: Any Member of the House of Representatives who receives compensation under the limited exception for Members who practice medicine pursuant to House Rule 25, clause 2, and the Committee on Standards Advisory Memorandum of February 23, 1998.

WHERE TO FILE: The original signed form must be filed with the Committee's office in 1015 Longworth (either in-person or through U.S. / Inside Mail) **on or before May 15** of each calendar year. The period covered by this form is the previous calendar year.

1. Member's Name: _____

2. Did you practice medicine during the last calendar year? YES NO
(if YES, continue with lines 3 through 6. If NO, proceed to line 6.)

3. Did you charge any fees for providing medical services in the last calendar year?
 YES NO (if YES, continue with lines 4 through 6. If NO, proceed to line 6.)

4. Total amount of all fees charged for providing medical services in the last calendar year:

5. List the dollar value of any expenses attributable to your practice in the last calendar year for the following categories:

	<i>Amount</i>	<i>Description of Expenses</i>
<i>Medical Malpractice Insurance Premiums</i>		
<i>Medical Professional Expenses</i>		
<i>Medical Office Expenses</i>		
<i>Other (please specify)</i>		
TOTAL		

- “*Professional Expenses*” include costs to maintain medical license, dues and membership in professional associations or societies, subscriptions to medical publications and continuing medical education.
- “*Office Expenses*” include rent, utilities, equipment, supplies, and salaries of support personnel.

6. Signature: _____

Date: _____

If there are any questions regarding this form please contact the Committee at (202) 225-7103.

* For purposes of this form, “medicine” and “medical” include medical, dental and/or veterinarian services.