

Committee on Ways and Means  
 Witness Disclosure Requirement – “Truth in Testimony”  
 Required by House Rule XI, Clause 2(g)

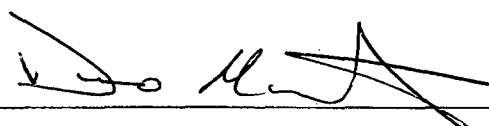
Your Name:		
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). Center for Medicare and Medicaid Services [Unsolicited by CMSO] b. Briefly describe the capacity in which you represent this entity. Contract provider under Round 2 of Competitive Bid Program for Cincinnati and Cleveland MSA	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). Ablecare Medical, Inc. b. Briefly describe the capacity in which you represent this entity. President of Company	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which <u>you have received</u> during the current fiscal year or either of the two previous fiscal years: Competitive Bid Program Contract for Cincinnati and Cleveland. Contract effective January 1, 2011 thru December 31, 2013		
4. Please list any offices or elected positions you hold. None		
5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing? No	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years, which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary. Medicare January 1, 2011 thru December 31, 2011 = \$1,163,425.05 Medicare January 1, 2011 thru May 4, 2012 = \$555,321.26		

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Name: Dinesh J. Martis

Address: 6313 Trail Ridge Court

Loveland, Ohio 45140

Signature: 

Date: 05/07/2012