

**Please Provide Responses to the Fields Below Electronically to be Accepted**

**Medicare *Red Tape* Relief Project**

**Submissions accepted by the Committee on Ways and Means, Subcommittee on Health**

**Date:**

**Name of Submitting Organization:**

**Address for Submitting Organization:**

**Name of Submitting Staff:**

**Submitting Staff Phone:**

**Submitting Staff E-mail:**

**Statutory\_\_\_ Regulatory\_\_\_**

**Please describe the submitting organization's interaction with the Medicare program:**

**Please use the below template as an example of a submission regarding statutory or regulatory concerns, and submit any further concerns past those listed below in a separate Microsoft Word document in the same format. Submissions must be in the requested format or they will not be considered.**

**In the case of listed Appendices, please attach as PDF files at the end of the submission, clearly marked as "Appendix [insert label]"**

**In the case of a multitude of submissions, it is recommended that they be submitted in order of priority for the submitting organization or individual.**

**Short Description:**

**Summary:**

**Related Statute/Regulation:**

**Proposed Solution:**