

## Financial Disclosure Statement and Consent

**WPS Government Health Services (WPS/GHA) must provide, record, and publish recordings of Open Meetings held for the purpose of discussing draft Local Coverage Determinations (LCDs). Interested parties (generally those that would be affected by the LCD, including providers, physicians, vendors, manufacturers, beneficiaries, and caregivers) can make presentations of information related to draft policies.**

**This Statement and Consent must be completed and read out loud for the record by any individual that speaks at an Open Meeting, including scheduled public speakers, invited guests, and members of the public.**

**Open Meeting Date and Topic:** \_\_\_\_\_

**Speaker Name:** \_\_\_\_\_

**Occupation and Employer:** \_\_\_\_\_

**Speaking on behalf of:** \_\_\_\_\_

### **Financial Interests**

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 today?

**Yes**                      **No**

If yes, please explain:

Have you received financial support from any such companies (includes speaking fees, salaries, grants and other support)?

**Yes**                      **No**

If yes, please explain:

Do you or any member of your immediate family own stock or have another formal financial interest in any item or service affected by the LCD on which you are opining, or in any company that develops, manufactures, finances, distributes and/or markets any such item or service?

**Yes**                      **No**

If yes, please explain:

Who paid for your transportation and/or related expenses for today's meeting?

Do you currently serve on, or have previously served on, any other advisory committees or panels that considered the topic noted above before the Open Meeting today (including government panels)?

**Yes**            **No**

If yes, please explain:

Were you contacted by any party prior to this meeting to discuss today's topic?

**Yes**            **No**

If yes, please explain:

**Speaker's Informed Consent to Audio/Video Recording and Disclosure**

I understand that WPS/GHA is required to record the Open Meetings (video, audio or both) as part of the LCD record. I understand that the recording will be maintained on the WPS/GHA website and will be available to the public, and that all Open Meetings are open to the public to attend and observe. Portions of the meeting not discussing evidence for a proposed LCD, such as provider practice trend reporting or discussions related to fraud and abuse, may be closed to the public. I understand that the Open Meeting minutes may be posted on the WPS/GHA website. My participation in the Open Meeting is voluntary. I consent to the use and distribution of my name, likeness and voice as recorded during the meeting. I further consent to the use and distribution of information that I or others may disclose about myself during today's meeting. I will not disclose the protected health information of any individual during the meeting.

I certify that the above statements are accurate and true.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE