

# COMMITTEE ON ETHICS

## FORM FOR DISCLOSING EXPENSES FOR MEMBERS WHO RECEIVE COMPENSATION FOR PRACTICING MEDICINE<sup>1</sup>

In general, under House Rules and Committee policy, a Member may not receive compensation to practice medicine, but does not violate the prohibition by receiving payment that does not exceed the actual and necessary expenses incurred by the Member during a calendar year in connection with the practice. 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 of Official Conduct Advisory Memorandum of February 23, 1998, must file this form.

The signed form must be filed with the Committee **on or before May 15** of each calendar year. **This form may be submitted to 1015 Longworth House Office Building or [EthicsCommittee@mail.house.gov](mailto:EthicsCommittee@mail.house.gov).** The period covered by this form is the previous calendar year.

1. Member's Name: \_\_\_\_\_

2. Covered Year: \_\_\_\_\_

3.  YES  NO Did you practice medicine in the calendar year above?

(if YES, continue with lines 3 through 6. If NO, proceed signature.)

4.  YES  NO Did you receive compensation for providing medical services in the calendar year above?

(if YES, continue with line 5. If NO, proceed to line 6.)

5. Total amount of all compensation received for providing medical services in the calendar year above:

\_\_\_\_\_

6. 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>		
<b>TOTAL</b>		

\*“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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you have any questions regarding this reporting requirement or completing this form please contact the Committee at 5-7103.**

<sup>1</sup> For purposes of this form, “medicine” and “medical” include medical, dental, and/or veterinarian services.