

COMMITTEE ON ETHICS

FORM FOR DISCLOSING EXPENSES FOR MEMBERS WHO RECEIVE COMPENSATION FOR PROVIDING MEDICAL OR DENTAL SERVICES DIRECTLY TO PATIENTS

A Member who provides medical or dental services directly to a patient may receive compensation for providing those services. Such compensation may not exceed the outside earned income limit established in 5 U.S.C. § 13143 after subtracting the actual and necessary expenses incurred by the Member during a calendar year in connection with the practice. Any Member who receives compensation for providing medical or dental services directly to patients must file this form pursuant to the Committee's Memorandum dated April 2, 2026. "Medical services" includes services provided by physicians, physician assistants, nurse practitioners, and veterinarians.

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.** 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 to 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 (gross) 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>Malpractice Insurance Premiums</i>		
<i>Professional Expenses*</i>		
<i>Office Expenses**</i>		
<i>TOTAL</i>		

*"Professional Expenses" include costs to maintain licensure, dues and membership in professional associations or societies, subscriptions to professional publications, and continuing 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 (202) 225-7103.