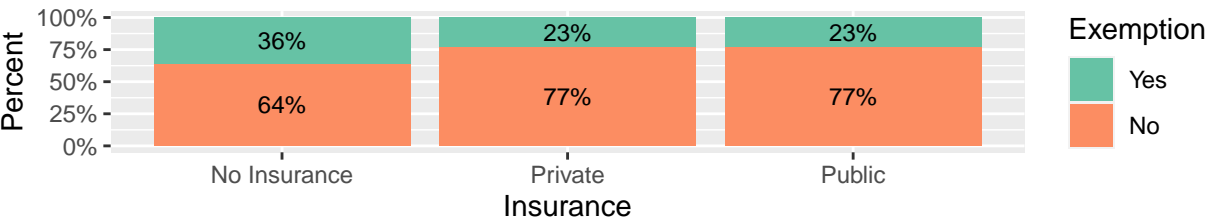
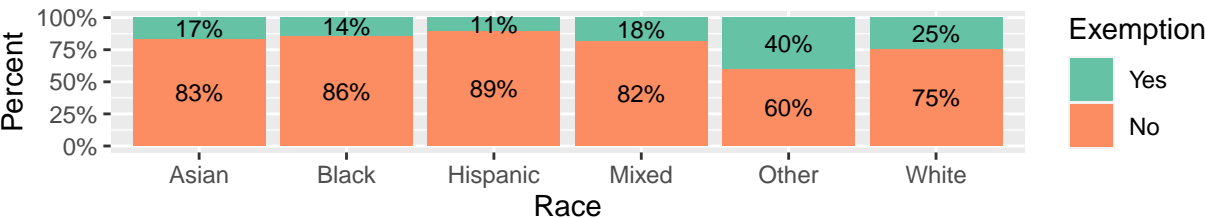


**B**

## Exemption By Insurance

**C**

## Exemption By Race

**D**

## Exemption By Type of Doctor

