

**ACKNOWLEDGEMENT OF RECEIPT OF AND TRAINING IN  
OVERPAYMENT SELF-DISCLOSURE POLICY AND PROCEDURE**

I hereby acknowledge that I have received a copy of the facility's Overpayment Self-Disclosure Policy and Procedure, and that I must report any compliance and ethics concerns to either my manager, the Administrator, the Compliance and Ethics Officer \_\_\_\_\_, or as a last resort by calling our Compliance and Ethics Hotline at (800) 610-2544. I hereby agree to abide by the requirements of this Overpayment Self-Disclosure Policy and Procedure.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date