**MEDICARE/MEDICAID FRAUD & ABUSE**

**COMPLIANCE PLAN**

**2014**

_____**I am not aware of any Medicare/Medicaid Fraud & Abuse occurring at Lakewood Health System.**

_____**I have reported questionable activities, observations and findings to Lynn Rice, Compliance Officer, x8511.**

**PLEASE RETURN THIS FORM TO HUMAN RESOURCES AFTER SIGNING.**

| | |
|---|---|
| _____ | _____ |
| *Signature* | *Date Signed* |
| _____ | _____ |
| *Print Name* | *Job Title* |