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## Addendum to Agreement to Participate in Settlement Conference Facilitation

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Use this form if you require additional signature lines for the Agreement to Participate. Only original signatures will be accepted.

Please send this completed form, your request, and other information to:

Office of Medicare Hearings and Appeals  
Settlement Conference Facilitation Program  
5201 Leesburg Pike  
Suite 1300  
Falls Church, VA 22041

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This signature page is an addendum to the attached Agreement to Participate in Settlement Conference Facilitation. The undersigned agree to the terms stated in the attached Agreement.

Signature	Printed Name	Date
Signature	Printed Name	Date