



C.H.T.Services,Inc.

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www: chtservices.com

RELEASE

I, _____, Certify and agree, as an employee or contractor of C.H.T.Services,Inc., that C.H.T.Services,Inc. will be periodically monitoring the office of Inspector General (<http://excusions.oig.hhs.gov/>), General Services Administration (<http://www.epls.gov/>) and the New York Office of the Medical Inspector General (<http://www.omig.state.ny.us/>) exclusion lists to determine whether I have note been excluded from Medicare, Medicaid or any other federal health care program; and that if I have been excluded or have violated the terms of this statement, my association with C.H.T.Services,Inc., shall be terminated.

Print Name: _____ Date: _____

Signature: _____

Tax ID#/SS#: _____