

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of Medicare Hearings and Appeals

## **Addendum to Settlement Conference Facilitation Confidentiality Agreement**

Use this form if you require additional signature lines for the Settlement Conference Facilitation Confidentiality Agreement. Handwritten/ wet signatures and digital signatures will be accepted. Please send this form, along with your Settlement Conference Facilitation Confidentiality Agreement, as PDF attachments and e-mail them to <a href="mailto:OMHA\_SCFAppeals@cms.hhs.gov">OMHA\_SCFAppeals@cms.hhs.gov</a>.

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

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date