

## Mayor Randall L. Rhoads

Date

Wisconsin Physicians Service Medicare Provider Enrollment P.O. Box 8248 Madison, WI 53708-8248

Re: Medicare Enrollment Application Form CMS-855B Attestation Letter for Local Government

To Whom it May Concern:

My name is Randall L. Rhoads and I am the Mayor of the City of Lee's Summit, Missouri (hereinafter "City").

This letter serves as confirmation that the City will be legally and financially responsible in the event that there is any outstanding debt (including any potential overpayments) owed to CMS by the City arising out of the City's Status and actions as a Medicare Supplier, as applied for in CMS form CMS-855B.

During the course of its status as a Medicare Supplier, as applied for in CMS form CMS-855B, the City shall comply with all laws, regulations, and program instructions of the Medicare program.

Sincerely,

Randall L. Rhoads Mayor