

MEDICARE TAX FORM

Commonwealth of Massachusetts--Board of Registration in Medicine  
200 Harvard Mill Square, Suite 330 Wakefield, MA 01880

**MEDICARE/TAX FORM**

**INSTRUCTIONS:**

Please sign this form and return with your application. Massachusetts General Laws Chapter 62C, §49A, requires that you complete this statement to obtain licensure to practice a profession:

I, \_\_\_\_\_,  
(type or print name)

certify, under the penalties of perjury, to my best knowledge and belief, that I have filed all state tax returns and paid all state taxes required by state law.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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**Massachusetts General Laws Chapter 112, §2, and 243 CMR 2.04 (2) (k) require that you complete the following statement:**

I will not charge to or collect from a Medicare beneficiary more than the Medicare "reasonable charge" for services, in compliance with Chapter 475 of the Acts of 1985.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_