CONRAD 30 WAIVER PROGRAM

SPECIALIST ADDENDUM

Physician Name:	USDOS Case #:

Specialty:

1) Describe the facility/practice location's geographic service area.

2) Are there other physicians in the service area who practice the same specialty as the physician?

☐ Yes [How many physicians practice this specialty?]

☐ No [Specify the nearest location where this service can be obtained:]

3) Describe the patient population that will be served by the physician.