

FORM X

Agreement to Treat Medicare and Medicaid Patients

In consideration of the Texas Medical Board ("Board") assigning a priority status to my application for licensure, in accordance with the policies of the Board, I agree to treat Medicare and Medicaid patients for the five years following the issuance of a medical license to me. During this time I agree to accept any Medicare and Medicaid patient as my patient. I understand that my acceptance of this agreement will be noted on the Board's web site and may also be reflected in my Public Physician Profile. I also understand that my failure to comply with this agreement shall constitute unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public and may result in disciplinary action.

Date: _____

Applicant Printed Name

Applicant Signature

Accepted: _____

Date: _____