

Member MAP Policy Agreement Confirmation

I have reviewed the MAP Policy established by Morter HealthSystem effective June 15, 2017. I confirm that I understand this MAP Policy and agree to abide by its terms and conditions by my signature below.

Agreed to by:

Member name: _____

Any and all other names by which this member operates (including names used on Ebay, Amazon, etc:

Principal name printed: _____

Principal Signature: _____

Date signed: _____

Member Address: _____

Member City/State/Postal Code: _____

Phone: _____

Email: _____

Website URL: _____