



MEDICAID SUMMIT

Policy & Finance Innovation

Consultant Authorization Letter

Hospitals may choose to invite consultants with whom they are currently working to the Medicaid Summit taking place October 5–6, 2020. Hospital staff must complete the Consultant Authorization Letter upon registration and must attend the event with the consultant(s).

I, _____ of _____
(Member individual's first and last name) (Name of member hospital/health system)

authorize _____ of _____
(Consultant's first and last name) (Name of consulting organization)

to attend the Medicaid Summit on October 5–6. By signing this letter, I understand that this letter needs to accompany my consultant's pre-registration. My signature also confirms that I understand the registration criteria which states that my consultant must attend with a representative of my hospital, and cannot attend as an unaccompanied individual in my hospital's stead. Finally, I authorize America's Essential Hospitals to contact me if they have follow up questions about my consultant's registration or plans to attend.

(Member individual's signature)

Member individual's title: _____
Member individual's email address: _____
Member individual's phone number: _____