

MONTANA MEDICAL LEGAL PANEL

Exemption Worksheet

I _____ (print name) ___MD/DO ___DMD/DDS/DPM, attest to qualifying for one of the following three exemptions from the Montana Medical Legal Panel 2018 assessment.

Please complete the section that applies to you:

Location Exemption:

- My principal residence is not in Montana.
_____ (address of residence) **AND**
- My principal place of practice is not in Montana.
_____ (address of practice) **AND**
- I do not practice telemedicine.

Only if you have checked **ALL** the above boxes, are you eligible for a location exemption.

Retirement Exemption:

- I am fully retired and do not practice telemedicine; **AND**
- I do not prescribe medications. According to the Montana Board of Medical Examiners, health care providers who prescribe medications are considered to be practicing medicine.

Only if you have checked **ALL** the above boxes, are you eligible for a retirement exemption.

Federal Government Employment/Contract Exemption:

- I am employed fulltime by a federal government agency or entity; **AND**
- I do not practice medicine outside of the federal employment or contract agreement.

Only if you have checked **ALL** the above boxes, are you eligible for the Federal Employment exemption.

I declare that the above statement is true and accurate to the best of my knowledge.

Signature

Date

Future correspondence to gather additional information or documentation will be completed by email or telephone. Please provide:

Email address: _____ Telephone number: _____

Return to: Montana Medical Legal Panel, 2021 Eleventh Avenue, Suite 1, Helena, MT 59601
Fax: 406-443-4042 Email: mmlp@mmaoffice.org