



THE DEFICIT REDUCTION ACT OF 2005 AND FEDERAL FALSE CLAIMS ACT

My signature below stipulates my understanding and acknowledgment of the information provided by Bergen New Bridge Medical Center relative to the Deficit Reduction Act of 2005 and Federal False Claims.

Bergen New Bridge is committed to preventing and detecting fraud, waste, and abuse in its healthcare facility related to all healthcare programs, including federal and state.

I acknowledge I am required to report such information to:

- Bergen New Bridge's Compliance Officer at 201-967-3807; or
- Bergen New Bridge's Compliance Hot Line at 1-888-203-9067; or
- My Bergen New Bridge Contact

Volunteer Name (print): _____

Volunteer Signature: _____

Date: _____

Please return this form via:

- Fax to 201-225-4771
- In person to your Bergen New Bridge Medical Center contact