



ACKNOWLEDGMENT FORM VERSION: 0113.21

The policies, practices and procedures contained herein are contractual. COMPANY may modify, revoke, suspend, terminate or change any or all such policies, procedures and benefits, prospectively or retroactively, with notice.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE INDEPENDENT CONTRACTOR HANDBOOK. I HAVE BEEN ADVISED TO CONSULT WITH BILLING PLUS IF I HAVE ANY QUESTIONS CONCERNING THE MEANING OF ANY PROVISION OF THIS HANDBOOK. I UNDERSTAND ITS CONTENTS AND WILL DO MY BEST TO ABIDE BY THE RULES AND REGULATIONS.

Independent Contractor

Javon Young
(Type or print name)

[Signature]
(Independent contractor's Signature)

9/3/21
(Date)

Independent Contractor Handbook

Billing Plus, Inc.

4315 Northview Drive

Bowie, MD 20716

Tel: (301) 202-3739

Fax: (301) 830-6755

www.billing-plus.com

www.mymedicalbillingplus.com