

CONTRACT NO. _____

SCHEDULE A

(Name of Surgeon Participant Group)

1. _____, M.D.^{1/} Address _____
Signature: _____ NPI _____
Please check one: Cardiothoracic Surgeon General Surgeon

2. _____, M.D. Address _____
Signature: _____ NPI _____
Please check one: Cardiothoracic Surgeon General Surgeon

3. _____, M.D. Address _____
Signature: _____ NPI _____
Please check one: Cardiothoracic Surgeon General Surgeon

4. _____, M.D. Address _____
Signature: _____ NPI _____
Please check one: Cardiothoracic Surgeon General Surgeon

5. _____, M.D. Address _____
Signature: _____ NPI _____
Please check one: Cardiothoracic Surgeon General Surgeon

6. _____, M.D. Address _____
Signature: _____ NPI _____
Please check one: Cardiothoracic Surgeon General Surgeon

7. _____, M.D. Address _____
Signature: _____ NPI _____
Please check one: Cardiothoracic Surgeon General Surgeon

^{1/} Identify the individual executing the main body of the Participation Agreement on behalf of the Surgeon Participant group first.