

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Health Policy Alternatives, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 400 North Capitol St. NW, Suite 799			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20001			
4. Contact Name Thomas A. Ault	Telephone 202-737-3390	E-mail (optional)	5. See
7. Client Name <input type="checkbox"/> Self AdvaMed			6. Ho 31

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (Ju

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No!

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>80,000</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expense</p> <p>14. REPORTING METHOD. Check box t accounting method. See instructions for desc</p> <p><input type="checkbox"/> Method A. Reporting amounts using LD</p> <p><input type="checkbox"/> Method B. Reporting amounts under se Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under se Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

Registrant Name Health Policy Alternatives Client Name AdvaMed

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Technical assistance on various issues related to Medicare coverage and reimbursement of technology, including the Medicare outpatient prospective payment system and new technology in the inpatient prospective payment

17. House(s) of Congress and Federal agencies contacted Check if None

CMS
House of Representatives
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Thomas A. Ault	
Barton C. McCann	
Richard A. Lauderbaugh	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date August 13

Printed Name and Title Thomas A. Ault, Principal

