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LOBBYING REPORT

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

1. Registrant Name Van Scoyoc Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 101 Constitution Avenue, NW, Suite 600 West			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Ardie King	(202) 638-1950		3983
7. Client Name <input type="checkbox"/> Self THSC (dba Neurologic & Orthopedic Institute of Chicago)			6. House ID # 32802

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>20,000.00</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>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature

Printed Name and Title

Andie King, Vice President

LD-2 (REV. 6/98)

PA

Registrant Name Van Scoyoc Associates, Inc. Client Name THSC (dba Neurologic & Orthopedic Institute of

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

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

16. Specific lobbying issues

Medicare reimbursement.

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

Centers for Medicare & Medicaid Services
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
Michael W. Adcock	
H. Stewart Van Scoyoc	

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

Signature _____ Date 2/14/2003

Printed Name and Title _____ Andie King, Vice President _____

Form LD-2 (Rev.6/98)

Page __

Registrant Name Van Scoyoc Associates, Inc. Client Name THSC (dba Neurologic & Orthopedic Institute

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

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

16. Specific lobbying issues

Medicare reimbursement.

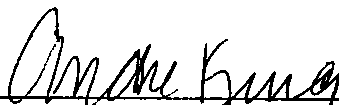
17. House(s) of Congress and Federal agencies contacted Check if None

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Signature  Date 2/14/2003

