

American Board of Physician Specialties  
5550 W. Executive Drive  
Suite 400  
Tampa, FL 33609  
(813) 433-2277

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## Reinstatement Notice

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5555 Diplomat Member

Annual Cert. Maintenance Fee 695.00

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Late Fee 100.00

Reinstatement Fee 100.00

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Total 895.00

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Harry A Doe, M.D.  
433 Seventh Ave  
Lindenwold, NJ 08021

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### Notice of Impending Permanent Suspension

9 2010 CERTIFICATION MAINTENANCE FEES

10 DUE UPON RECEIPT

Thank you for your support of AAPS/ABPS, Its affiliated Boards of Certification and Academies of Medicine. 2009 was a successful year for your organization and we are hoping to achieve an even better 2010.

11

We have not, as of yet, received your 2010 Annual CMF payment after three notices. We hope this is an understandable oversight, as we need your continued support. Please remember that 80% of your fees payment is deductible as an ordinary business expense.

Annual Diplomat certification maintenance fees (CMF) are expended to maintain and manage, in part, all current certification and recertification programs as well as for development of new types of board certification.

As another benefit your annual certification fee entitles you to automatic membership in the American Association of Physician Specialists, Inc. (AAPS) and its affiliated Academies of Medicine.

Following is the Fees Late payment schedule:

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Dues received after January 31<sup>st</sup>: \$100.00 late fees imposed

As of March 31<sup>st</sup>: No longer a member in "good standing"

Dues received after March 31<sup>st</sup>: \$100.00 late fee and \$100.00 reinstatement fee imposed

Dues received after September 30<sup>th</sup>: an additional \$100.00 reinstatement fees imposed

20% of the fees paid to the American Board of Physician Specialties is allocable to nondeductible lobbying activities. Accordingly 20% of the above fees is not deductible for Federal and State income tax purposes.

13

### 14 REMITTANCE STUB

(Must be Signed and Returned with Payment - Fill Out Back Side of Stub if paying by credit card)

Payments should be made payable to ABPS

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Late Fee 100.00 [ ]

Reinstatement Fee 100.00 [ ]

Total 895.00



16

Change of Address:

e-mail address: 15

17 certify that all my licenses to practice medicine are full and unrestricted, I have not been convicted of a felony, and my address information shown above is accurate. I agree to advise ABPS, in writing, within 30 days of any change to my licensure status.

Signed: 18

Date: 18