

ATTESTATION Re: Section 11.550 of the FY2017 Operating Budget

To: Missouri Medicaid Audit and Compliance Unit
Missouri Department of Social Services
205 Jefferson Street, 2nd Floor
Jefferson City, MO 65101

I, _____ [name authorized representative], hereby attest that in my capacity as _____ [position or office held] of «Provider_Name», I have the authority to make this attestation on behalf of «Provider_Name».

I further attest that «Provider_Name» will not submit claims for payment either personally or through claims submitted by any clinic, group, corporation, affiliate, partner, or any other association to the single state agency or its fiscal agents for any services or supplies that violate Section 11.550 of the FY2017 Operating Budget as set forth in House Bill No. 2011, 2016 Regular Session.

I further submit that the Medicaid provider organizations listed below are part of «Provider_Name» and may submit claims for 80/89 funding.

Instructions: Please mark through any of the providers listed below that are not part of your corporation. Please write in any providers not listed below that are part of your corporation.

1. _Populate these fields_____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of entity's authorized representative: _____

Signature: _____

Date: _____