

**ATTESTATION**  
**Regarding Section 10.714 of House Bill 10, 99<sup>th</sup> General Assembly, First Regular Session**

I, \_\_\_\_\_ [name authorized representative], hereby attest that in my capacity as \_\_\_\_\_ [position or office held] of \_\_\_\_\_ (legal business entity), I have the authority to make this attestation on behalf of \_\_\_\_\_ (legal business entity).

I attest that \_\_\_\_\_ (legal business entity) will not submit claims for payment either personally or through claims submitted by any clinic, group, corporation, affiliate, partner, or any other association for any services or supplies that violate Section 10.714 of the Fiscal Year 2018 appropriation bill for the Department of Health and Senior Services (House Bill 10, 99<sup>th</sup> General Assembly, First Regular Session).

I attest that claims submitted for service dates on or after \_\_\_\_\_ are in compliance with Section 10.714 of the Fiscal Year 2018 appropriation bill for the Department of Health and Senior Services (House Bill 10, 99<sup>th</sup> General Assembly, First Regular Session).

If a change occurs that affects this attestation status, I will immediately inform the Missouri Medicaid Audit and Compliance Unit in writing.

I attest that the Medicaid provider organizations listed below are part of \_\_\_\_\_ (legal business entity) and may submit claims for 80/89 funding.

*Instructions: Mark through providers listed below that are not part of your corporation. Write in providers not listed below that are part of your corporation.*

Affiliate Name and National Provider Identifier

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Name of entity's authorized representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this completed form by mail, email, or fax to:**

Missouri Medicaid Audit & Compliance Unit  
205 Jefferson St., 2<sup>nd</sup> Floor  
Jefferson City, MO 65101

Email: MMAC.ProviderEnrollment@dss.mo.gov

Fax: 573-751-5065