

## DECLARATION

### Regarding Sections 10.725, 10.1005, and 10.1100 of House Bill 10, 100<sup>th</sup> General Assembly, First Regular Session

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

I declare that \_\_\_\_\_ (legal business entity) will not submit claims for payment that violate Sections 10.725, 10.1005, and/or 10.1100 of the Fiscal Year 2020 appropriation bill for the Department of Health and Senior Services (House Bill 10, 100<sup>th</sup> General Assembly, First Regular Session).

I declare that claims submitted for service dates on or after \_\_\_\_\_ are in compliance with the above-listed sections of House Bill 10, 100<sup>th</sup> General Assembly, First Regular Session.

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

I understand that the offense of making a false declaration is a Class B misdemeanor under Section 575.060, RSMo, and is punishable by up to six months imprisonment and/or a fine up to \$1,000.

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](mailto:MMAC.ProviderEnrollment@dss.mo.gov)

Fax: 573-751-5065