



MEMBER INFORMATION ATTESTATION STATEMENT

The Contractor attests that the oral and written Member Information given by the Contractor is in compliance with the requirements of 42 CFR. 438.10 and ACOM Policy 404.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

TITLE

CONTRACTOR

- ACC
- ALTCS E/PD
- DCS/CMDP (CMDP)
- DES/DDD (DDD)
- RBHA¹

DATE

¹ Added checkboxes to indicate for which LOB