



## Health First Colorado

### Institutional Provider Certification

This is to certify that the foregoing information is true, accurate and complete.

This is to certify that I understand that payment of this claim will be from Federal and State funds and that any falsification, or concealment of material fact, may be prosecuted under Federal and State Laws.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note:** This document is an addendum to the UB-04 claim form and is required per 42 C.F.R. § 455.18(a)(1-2) to be attached to paper claims submitted on the UB-04.

Revised November 2021

