



Rural Health Clinic
Managed Care Accuracy Audit Report
RHC Reconciliation Attestation Statement

RHC Information:

RHC Name: _____

RHC Number(s): _____

Months under Review: _____

Year under Review: _____

Attestation by Officer or Administrator of the RHC:

I, the undersigned, hereby certify under penalty of perjury that as an official of the subject facility I am duly authorized to sign this attestation, and that to the best of my informed knowledge and belief the statements made herein and the documents attached hereto are accurate, true, and complete in all material aspects.

I understand that the Colorado Department of Health Care Policy and Financing is relying upon this attestation as part of its accuracy audit process, and that should it be determined that this attestation is materially false, incomplete, or incorrect, or that it includes incorrect, false, or misleading information, appropriate enforcement action will be taken.

I am unsatisfied with the resolution of the reconciliation and would like to request more time to work with the Managed Care Entity.

I am satisfied with the reconciliation and accept the information sent to the Department as correct.

Signature: _____

Name: _____

Position/Title: _____

Email Address: _____

Phone Number: _____

Date: _____

HCPF Use Only

Report Submission Date: _____