



Mid-level Eligible Professional Attestation Form for the Pennsylvania (PA) Medical Assistance (MA) EHR Incentive Program

You are providing a signed attestation to certify that the information below is true, accurate, and complete:

The mid-level eligible professional had MA encounters during the 90-day attestation period and the MA encounters were billed through the supervising physician(s).

The practice's CEO or authorized individual acknowledges that as the signatory, he or she attests to the accuracy of the information on behalf of the provider. The signatory also understands that the Medicaid EHR incentive payment submitted under this NPI will be from Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws. The signatory further understands and agrees that the Department of Human Services (Department) may ask for additional information which, in the Department's estimation, may be necessary to determine or validate EHR Program eligibility and payment amounts.

Name of Mid-level Eligible Professional

Name of Supervising Physician

Signature of CEO or authorized individual

Title

Date