



**Federally Qualified Health Center
Managed Care Accuracy Audit Report
FQHC Attestation Statement**

FQHC Information:

FQHC Name: _____

FQHC Number(s):

Months under Review:

Year under Review:

Attestation by Officer or Administrator of the FQHC:

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.

Signature: _____

Name: _____

Position/Title: _____

Email Address: _____

Phone Number: _____

Date: _____

HCPF Use Only

Report Submission Date: _____

FQHC MCAAR version 2016-01-01