**DECLARATION**

# Regarding Sections 10.725 and 10.1100 of House Bill 2010,

**100th General Assembly, Second Regular Session**

I, (name of authorized representative), hereby

declare that in my capacity as (position or office held) of (legal business entity), I have the authority to make this declaration on behalf of (legal business entity).

I declare that (legal business entity) will not submit

claims for payment that violate Sections 10.725 and 10.1100 of House Bill 2010.

I declare that claims submitted for service dates on or after are in compliance with the above-listed sections of House Bill 2010, 100th General Assembly, Second Regular Session, and this declaration remains in effect until the Department of Health and Senior Services notifies me of changes within future budget bill appropriations specific to the above-listed sections or related content.

I declare that, if a change occurs that affects this declaration status, I will immediately inform the Missouri Medicaid Audit and Compliance Unit in writing.

I understand that the offense of making a false declaration is a Class B misdemeanor under Section 575.060, RSMo, and is punishable by up to six months imprisonment and/or a fine up to $1,000.

Name of entity’s authorized representative**:**

Signature**:** Date:

# Submit this completed form by mail, email, or fax to:

Missouri Medicaid Audit & Compliance Unit 205 Jefferson St., 2nd Floor

Jefferson City, MO 65101

Email: [MMAC.ProviderEnrollment@dss.mo.gov](mailto:MMAC.ProviderEnrollment@dss.mo.gov) Fax: 573-751-5065