

**NORTH COUNTRY COMMUNITY MENTAL HEALTH**

**COMPLIANCE ATTESTATION**

I, \_\_\_\_\_, as a contract service provider of North Country CMH (NCCMH) who is a member of Northern Michigan Regional Entity (NMRE), recognize and acknowledge my obligation to report any incidence of fraud, abuse or waste of public funding to the organization.

I understand that this obligation is explained in the NMRE Regulatory Compliance Plan which is included in the NCCMH Provider Manual. This plan gives guidance on what is reportable, where to direct questions, and how to report.

As of this date, I am not aware of any reportable incident, or I have reported any incidence of non-compliance of which I am aware and it has been objectively reviewed and I have received a response from the organization. Should I become aware that a situation is potentially a violation of the False Claims Act, or an otherwise reportable occurrence, I will report immediately, as specified in the Regulatory Compliance Plan.

I have read and understand the Compliance Plan Initials: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below is my certification that I never been convicted of or had a civil judgment rendered against me for commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract under public transaction; violation of federal or state antitrust statutes or destruction of records, making false statements, or receiving stolen property; have never had a professional license revoked or suspended and have never been sanctioned, whether personally or through an entity, by Medicare or Medicaid programs.

I also understand that I am under obligation to report, as directed in the NMRE Regulatory Compliance Plan, and within three business days, any convictions of or civil judgment rendered against me for any of the above offenses.

<b>Name of Authorized Representative</b> (printed or typed):	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>