

CLIENT ELIGIBILITY ATTESTATION

The purpose of this document is to confirm understanding of billing protocol with regard to children served within your children's advocacy center or infant mental health contract with FamiliesFirst Network of Lakeview Center, Inc.

This contract is state funded in accordance with the Community Mental Health Block Grant's Maintenance of Effort. As such,

- You are prohibited from providing services and supports to children under this contract that Medicaid would otherwise pay.
- It is your responsibility to verify each child's eligibility monthly to ensure they are billed to the proper source.
- If the child's eligibility verification indicates they are eligible for service provision under an alternative funding source, it is your responsibility to either bill to that fund source or refer the child to a provider who accepts that insurance plan.
- Please bear in mind that you must adhere to the credentialing requirements of insurance plans to which you may be submitting claims.

In an effort to support compliance with these requirements, please sign the attestation below and return this document to the attention of CPS Finance at Lakeview Center, Inc. (address below) no later than January 1st of each year.

Lakeview Center, Inc.
ATTN: CPS Finance Office, Bldg. A
1221 W. Lakeview Avenue
Pensacola, FL 32501

Attestation:

I do hereby affirm that Medicaid eligibility will be verified for each child each month and children served by my program will be accurately billed to the proper funding source based on said eligibility verification. Documentation of eligibility will be maintained on file and available for inspection upon request.

Signature

Date

Printed Name

Title