



**ACOM POLICY 404, ATTACHMENT D,  
MEMBER INFORMATION ATTESTATION STATEMENT**

The Contractor attests that the oral and written member information given by the Contractor is in compliance with the requirements of 42 CFR. 438.10 and ACOM Policy 404.

\_\_\_\_\_  
*SIGNATURE OF AUTHORIZED REPRESENTATIVE*

\_\_\_\_\_  
*PRINTED NAME OF AUTHORIZED REPRESENTATIVE*

\_\_\_\_\_  
*TITLE*

\_\_\_\_\_  
*CONTRACTOR*

\_\_\_\_\_  
*DATE*

EPD YH18REP - DRAFT