The Contractor attests that the oral and written marketing information given by the Contractor is in compliance with the requirements of 42 CFR 438.104 and ACOM Policy 101.

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*Signature of Authorized Representative*

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*Printed Name of Authorized Representative*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Contractor*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

**Please sign, date, and email to:**

Marketing Committee Chair

Division of Health Care Management

Email: MarketingCommittee@azahcccs.gov