

Performance Bond Annual Attestation Statement

Contractor Name: _____

TO THE

Arizona Health Care Cost Containment System

FOR THE CONTRACT YEAR ENDED

I hereby attest that the Performance Bond documentation provided, consistent with 42 C.F.R. §§ 438.604 and 438.606, herein is accurate, complete, and truthful. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the documentation may be prosecuted under the applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Contractor's agreement or contract with the Arizona Health Care Cost Containment System. Failure to sign this Attestation Statement, either by written or electronic signature, will result in AHCCCS' non acceptance of the attached Performance Bond.

(Date Signed)

Chief Executive Officer Name

Signature, CEO

(Date Signed)

Chief Financial Officer Name

Signature, CFO