

SAMPLE ATTESTATION LETTER
(Submit on Facility/Agency Letterhead)

(Date)

Provider Enrollment
Department of Medical Assistance Services
Attn: Provider Enrollment
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

By this letter, I am attesting that I am responsible to adhere to the requirements in the Early Intervention Manual and that my employees who provide early intervention services will be certified by the Department of Behavioral Health and Developmental Services prior to the provision of early intervention services. I understand that I must maintain copies of each employee's certification in his/her file and make it available for post payment review. I understand that if an employee is not certified to perform early intervention services and my agency is paid by DMAS for these services rendered by an unqualified employee that such payment is subject to retraction.

- I wish to update my current enrollment classification with the Early Intervention specialty code in conjunction with my current provider class type.
- I wish to update my current enrollment with the new Early Intervention provider class type. (**A completed Early Intervention application is required**)

Facility/Agency Director

Facility/Agency Name

National Provider Identifier (NPI)

Address

Sincerely,

Facility/Agency Director/Date