

TREATING PROVIDER CERTIFICATION

Service Title _____

Procedure codes: _____; _____; _____; _____; _____; _____

I certify that for the service title and procedure codes listed above that the included school district employees and or private contractors contained in this report have provided the above Medicaid reimbursable services to students enrolled at the _____ during the fiscal year ending _____
(Special School or School District Name)

These individuals and or contractors listed on the attached the cost report for the procedure codes listed above are inclusive and complete.

The effective date for the approved rates will be July 1, the first day following the fiscal year of the cost report. Claims submitted must have dates of service on or after the effective date to be paid this revised rate.

As a non-institutional provider service, the fiscal agent cannot retroactively adjust claims previously paid at the old rate that are inclusive of the effective date. To be paid at the new rate for the corresponding dates of service, the provider will make appropriate adjustments to previously paid claims or wait until this revised rate is on file to submit affected claims.

I also certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims for Medicaid reimbursements and payments, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Name (Print)

(Date)

Signature

Title

COST CERTIFICATION

As fiscal officer for the for _____,
(Special School or School District Name)

I certify that the annual costs and other required pertinent employee or contractor data reported for the individuals contained in the cost report are true and actual for the fiscal year ending _____ .

I also certify that I am familiar with the laws and regulations regarding the provision of health care services under the Florida Medicaid program, including the laws and regulations relating to claims for Medicaid reimbursements and payments, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I understand that if I use the unrestricted method of indirect rate percentage calculation for cost reimbursement purposes, the district will be liable for any excess reimbursement this may cause as opposed to using the restricted method of indirect rate percentage calculation. This overpayment liability caused from using the unrestricted method is necessary if mandated unallowable for these purposes by Federal requirement or audit.

Name (Print)

(Date)

Signature

Title