

**Thurston-Mason Behavioral Health Administrative Services
Organization**

Provider Data Certification Form

CERTIFICATION

Pursuant to the contract(s) between the Thurston-Mason Behavioral Health Administrative Services Organization and _____, the provider certifies that it is a qualified provider enrolled with and authorized to participate in the TMBHASO network. The provider acknowledges that TMBHASO requires data and encounters to be submitted by the provider must be certified by a Chief Financial Officer, Chief Executive Officer, or a person who reports directly to and who is authorized to sign for the Chief Financial Officer or Chief Executive Officer.

The provider makes the following certification to TMBHASO as required by contract:

The provider has reported outpatient behavioral health utilization data to TMBHASO for the month identified below. The provider has reviewed the supplemental and encounter data for this month and has made any necessary corrections prior to this certification. I attest that based on best knowledge, information, and belief, all data submitted to TMBHASO for the identified month is accurate, complete, and truthful.

NO MATERIAL FACT HAS BEEN OMITTED FROM THIS FORM. I ACKNOWLEDGE THAT THE INFORMATION DESCRIBED ABOVE MAY DIRECTLY AFFECT ADMINISTRATIVE REPORTING AND THE CALCULATION OF PAYMENTS TO THE ASO. I UNDERSTAND THAT I MAY BE PROSECUTED AND/OR HELD ACCOUNTABLE UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT

Month/Year of Data Certification: _____
(month/year)

Certified and Signed By: _____
(name) (title)

Date Signed: _____