



Long-Term Care Pharmacy Attestation-Alternate Processing

As permitted by the Centers for Medicare and Medicaid services, Company does not collect Member Cost-Sharing due to the presumption of Medicaid entitlement due to institutional status of the Member.

Therefore, by signing this attestation, Company certifies that as a condition for reimbursement from Administrator for claims in which the Medicare Part D Cost-Sharing has been either reduced or waived that:

- Company has not and will not collect Cost-Sharing Amounts from the Member (or any other party who paid on the Member's behalf); or Company has otherwise waived the same Cost-Sharing Amounts for the Member (or any other party who paid on the Member's behalf);
- Company is in fact carrying a debt for the amounts incorrectly charged to Members;
- The amounts reimbursed are appropriate, owed and payable in accordance with applicable federal and state requirements;
- Company shall retain the appropriate documentation/records to establish these certifications, including for purposes of an audit.

By signing this document, we hereby attest that we do not collect Member Cost-Sharing and meet the conditions above.

Company:

[INSERT COMPANY NAME]

NCPDP#/Chain Code(s): _____

By: _____
(signature)

Name: _____
(print name)

Title: _____

Date: _____