

Certification of Verification under CRS 24-76.5-103

We, _____, hereby certify that pursuant to CRS 24-76.5-103 we have verified that the patients eighteen years of age or older who have received health services for which we are requesting payment from state appropriated funds (a) have provided appropriate identification, (b) have executed the required affidavit, and (c) are lawfully present in the United States, and we are able to supply evidence of the above if so requested by you or any agency of the State of Colorado.

Signature

Date

Print Name

Service Provider: _____

Month/Year: _____

Number of Patients Certified: _____