



TOTALLY THERE FOR YOU

2013/2014 Primary Care Provider Incentive Payment Program

ATTESTATION OF PAYMENT DISTRIBUTION

Provider Name:

NPI:

TAX ID:

I attest that upon receipt of any Primary Care Provider Incentive Payment on behalf of our physicians, contained within the detail that accompanies the related remittance, that 100% of the incentive funds attributed to each individual rendering provider will be passed on in its entirety to said provider in accordance with guidance issued by the Michigan Department of Community Health (MDCH). In the event that payment amounts awarded to a particular individual provider are undeliverable for any reason, such funds will be returned in full to Total Health Care.

Name and Title _____
(Printed)

Signature _____

Date: _____