

## DMC CLAIM SUBMISSION CERTIFICATION

County/Direct Provider: \_\_\_\_\_

EIN: \_\_\_\_\_

ITWS File Name: \_\_\_\_\_

ITWS Submission Date: \_\_\_\_\_

Bridge Resubmission [ ]

Denied Batch Number: \_\_\_\_\_

FOR STATE USE ONLY:

ITWS Receipt Date: \_\_\_\_\_

Release Date: \_\_\_\_\_

### COUNTY/DIRECT PROVIDER CERTIFICATION

I CERTIFY that the services listed on this form have been personally provided to the patient by the provider or under his direction by another person eligible under the Medi-Cal program to provide such services and such person(s) are designated on this form. The services were, to the best of the provider's knowledge, medically indicated and necessary to the health of the patient. The provider understands that payment of this claim will be from Federal and/or State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and/or State laws. The provider agrees to keep for a minimum period of three year from the date of service all records which are necessary to disclose fully the extent of service furnished to the patient. The provider agrees to furnish these records and any information regarding payments claimed for providing the services, on request, to the California Department of Health Care Services, Medi-Cal Fraud Unit, California Department of Justice, Medi-Cal Audits Project, Office of State Controller, U.S. Department of Health and Humans Services, or their duly authorized representatives.

Printed Name: PROGRAM ADMINISTRATOR

Signature: PROGRAM ADMINISTRATOR

Phone Number

Date

( )

Printed Name: COUNTY/DIRECT PROVIDER FINANCIAL OFFICER

Title:

Signature: COUNTY/DIRECT PROVIDER FINANCIAL OFFICER

Phone Number

Date

( )

I CERTIFY that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts.

**COMPLETION INSTRUCTIONS FOR CLAIM SUBMISSION CERTIFICATION XXXX****GENERAL**

The ADP Claim Submission Certification form is used by a County or Drug Medi-Cal Provider to certify the submission of a Drug Medi-Cal claim. (Retain a copy of the form at the provider site for auditing or monitoring purposes.)

**HEADING INSTRUCTIONS**

- a. COUNTY/DIRECT PROVIDER: if submitter is a county, enter the county name; if submitter is a direct provider, enter the direct provider name.
- b. EIN: enter the employer identification number of the county or direct provider.
- c. ITWS FILE NAME: enter the name of the ITWS 837P file.
- d. ITWS SUBMISSION DATE: enter the date the file was submitted to ITWS.
- e. BRIDGE RESUBMISSION: check if the claim was originally submitted during SDMC Phase I and is being resubmitted.
- f. DENIED BATCH NUMBER: for bridge resubmissions, enter the batch number in which a denied claim was originally included.
- g. STATE USE ONLY: submitters should not enter any information in this area. It is for State use only.

**SIGNATURE BLOCK INSTRUCTIONS**

Two (2) original signatures are required on the ADP XXXX, that of the program administrator and that of the financial officer.

- a. PRINTED NAME: PROGRAM ADMINISTRATOR: print the name of the program administrator.
- b. SIGNATURE: PROGRAM ADMINISTRATOR: signature line for the program administrator.
- c. PHONE NUMBER: enter the area and code and phone number of the program administrator.
- d. DATE: enter the date the form was signed by the program administrator.
- e. PRINTED NAME: COUNTY/DIRECT PROVIDER REPRESENTATIVE: print the name of the county/direct provider financial officer.
- f. SIGNATURE: COUNTY/DIRECT PROVIDER REPRESENTATIVE: signature line for the county/direct financial officer.
- g. PHONE NUMBER: enter the area and code and phone number of the financial officer.
- h. DATE: enter the date the form was signed by the financial officer.

**SUBMISSION OF ADP XXXX**

ADP XXXX with original signatures and dates may either be faxed to (916) 322-1176 or mailed to:

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

Fiscal Management and Accounting Branch

1700 K Street, 4th Floor

Sacramento, California 95811-4037