



Sample Selection for Record Request

Provider:
Provider Beacon #:
Provider MA #:
Level of Care:

Last Name	First Name	Birth Date	Beacon #

Attestation to Documentation Submission

In accordance with COMAR 10.09.36.03 A (6) a provider shall maintain adequate records for a minimum of 6 years and make them available, upon request to the Department or its designee. As the Administrative Services Organization, as defined by COMAR 10.09.59.01 B (1), Beacon Health Options can make announced and unannounced visits to providers; and inspect and copy all records, including, but not limited to financial, treatment and service records (COMAR 10.21.16.11, COMAR 10.09.36.03 and COMAR 10.09.80.03).

As the representative for **[PROVIDER]** I attest that the documentation included in the submission of member records is accurate and complete. I understand that missing documentation will not be accepted once Beacon Health Options has completed the on-site audit and has left the premises.

Print Name: _____ Title: _____

Signature: _____ Date: _____