

STATE OF MICHIGAN
Employer Attestation

I, (please print) _____, hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that _____

(medical facility) is located in a primary medical care (or mental health if applicable)

Health Professional Shortage Area, Medically Underserved Area / Population or

qualifying non-designated shortage area and provides care to both Medicare- and

Medicaid-eligible patients and indigent, uninsured patients.

Signature

Date

Notary

Date