

Illinois Purchased Care Review Board

Certification Statement for Budgeted and Actual Data

(A Certification Statement Must Accompany Each Submission of Data)

I certify that the application and all information reports, schedules, budgets, books, and records submitted by (provider's name) _____ for the cost report beginning _____ and ending _____ are true, correct, and accurate in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. False certification shall be subject to whatever penalties are appropriate under the criminal statutes of the State of Illinois.

Prepared by:

Officer or Administrator:

Signature

Signature

Name (Typewritten or Printed)

Name (Typewritten or Printed)

Title

Title

Firm

Date

Date

Telephone Number

Telephone Number

E-mail Address

E-mail Address