CERTIFICATE OF ATTESTATION

CERTIFICATION OF ATTESTATION FOR PHILIPS RECALLED SLEEP DEVICES

Instructions for use:

This Certificate of Attestation must be completed only by the Durable Medical Equipment (DME) supplier requesting coverage for the replacement device.

Failure to complete this form in its entirety may result in its return for appropriate documentation and signatures. All fields and signatures requested in this form must be completed.

Completion, signature, and submission of this form is certification that the service being requested meets all requirements for reimbursement for a replacement device due to the Philips recall.

Submission instructions:

Complete and sign the form, and include additional documents as indicated.

- For members in AmeriHealth plans: email the completed form to philipsrecall@amerihealth.com.*
- For members in AmeriHealth Administrators plans: submit the completed form with the precertification request.

**This email is to submit attestations only. For questions, please contact Customer Service.*

DME supplier name *(please print)*:					
Contact name *(please print)*:					
Office/Contact phone number:					
NPI:		*Check one:*	Participating ☐ Non-participating** ☐	Procedure code:	
Member Name *(please print)*:					
Member ID#:		Member date of birth:			
Please initial here:		The device to be replaced was a Philips device subject to recall. To view a list of devices subject to recall, please visit the Philips recall website.			
Please initial here:		The device was secured within the last five (5) years.			
Please initial here:		The member or provider has registered the current device with the Philips recall website (online or by phone).			
Please initial here:		Philips confirmation number _____ *(provided upon registration)*			
DME supplier signature:					
DME supplier printed name:				Date:	

***Non-Participating Providers will be contacted directly to complete a Single Case Agreement and will be reimbursed at the Plan's standard fee schedule rate.*

AmeriHealth HMO, Inc.

We ask that you either securely maintain or destroy this information in a confidential manner. Please contact our Privacy office at privacy@amerihealth.com with questions about Protected Health Information.

CONFIDENTIAL – PROTECTED HEALTH INFORMATION