

Certification of Zero Reimbursements for LEA Services DHCS Form 2437a

State of California — Health and Human Services Agency

California Department of Health Care Services

LEA Medi-Cal Billing Option Program

**Local Educational Agency (LEA) Medi-Cal Billing Option Program
Medi-Cal Cost and Reimbursement Comparison Schedule (CRCS)**

Fiscal Year 2013/14 (July 1, 2013 - June 30, 2014)

1. LEA Identification:

LEA Provider Name	_____	National Provider Identifier	_____
Contact: Name	_____	Provider Number/CDS Code	_____
Phone	_____	Title	_____
Fax	_____	E-mail Address	_____
Address 1	_____	City	_____
Address 2	_____	State	CA
		Zip	_____

2. Certification of Zero Reimbursements for LEA Services:

I certify under penalty of perjury that the Local Educational Agency (LEA) received zero reimbursements for the State fiscal year of 2013-2014 and that there are no expenditures to report. I, the undersigned, state the following: As a public administrator, a public officer or other public individual duly authorized by the LEA as having authority to sign on behalf of the LEA, I am authorized or designated to make this certification on behalf of the Public Entity for _____, (LEA) and declare that this Certification and CRCS form documents attached hereto are true and correct. I understand that making false statements, or the filing of a false or fraudulent claim is punishable under Welfare and Institutions Code sections 14107, 14107.11, and other applicable provisions of law.

Summary of Matching Funds:

Total Reimbursement Received:

\$ _____

Name Title

Signature Date

Instructions for Completing Certification:

Section 1 - LEA Identification: Report the LEA Provider's full name, Medi-Cal National Provider Identifier and Provider Number/CDS Code. Identify the primary LEA employee who can be contacted to answer questions about information submitted in the Medi-Cal CRCS, as well as their title, phone number, fax number, E-mail address and mailing address.

Section 2 - Certification of State Matching Funds for LEA Services: The LEA employee that completed or supervised the completion of the Medi-Cal CRCS should read, sign, and date this certification statement under penalty of perjury. The contact in Section 1 may be different than the signatory responsible for certification in Section 2.