

**Ground Emergency Medical Transportation Provider  
California Commercial Payer Fee/Rate Data Request  
Attestation Statement**

The undersigned attest and certify to the accuracy and completeness of the information submitted herein.

I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under the applicable state laws.

The signatory is authorized and has the legal standing to sign this Attestation Statement on behalf of the reporting entity.

This Attestation Statement can be submitted separately as a signed PDF record along with the submission of the completed template.

\_\_\_\_\_  
Print name of person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Title within organization

\_\_\_\_\_  
Email address