Certification

Hospital Name: [Insert Hospital Name]

"I hereby certify, to the best of my knowledge, information, and belief, that the information submitted herewith is accurate, complete, and truthful.

I understand that this information will be used for purposes of compliance with the duties of the Diamond State Hospital Cost Review Board and any deliberate omission, misrepresentation, or falsification of this data may subject the facility and/or the signatory to legal, regulatory, or financial penalties under applicable law."

Authorized Signature: _____

Printed Name:

Title: Chief Executive Officer

Date: _____