FORM CMS-838
Medicare Credit Balance Report
Certification Page

MEDICARE CREDIT BALANCE REPORT CERTIFICATION

The Medicare Credit Balance Report is required under the authority of Sections 1815(a), 1833(e), 1886(a)(1)(C) and related provisions of the Social Security Act. Failure to submit this report may result in a suspension of payments under the Medicare program and may affect your eligibility to participate in the Medicare program.

ANYONE WHO MISREPRESENTS, FALSIFIES, CONCEALS OR OMITS ANY ESSENTIAL INFORMATION MAY BE SUBJECT TO FINE, IMPRISONMENT OR CIVIL MONEY PENALTIES UNDER APPLICABLE FEDERAL LAWS.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER (S)

I HEREBY CERTIFY that I have read the above statements and that I have examined the accompanying credit balance report prepared
by

_____ _____
Provider Name Provider 6-Digit Number

for the calendar quarter ended _____ and that it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.

(Sign) _____
Officer or Administrator of Provider

(Print) _____
Name and Title

(Print) _____
Date

CHECK ONE:
[ ]Qualify as a Low Utilization Provider.
[ ]The Credit Balance Report Detail Page(s) is attached.
[ ]There are no Medicare credit balances to report for this quarter. (No Detail Page(s) attached.)

_____ _____
Contact Person Telephone Number

FORM APPROVED
OMB NO. 0938-0600 (10/2002)