

New York State Office of the Medicaid Inspector General

CERTIFICATION STATEMENT FOR DAMAGED, LOST OR DESTROYED RECORDS

By signing and submitting this self-disclosure application,

- I (or the provider) am not currently aware of being under audit, investigation, or review by OMIG regarding the records affected by the loss reported in this submission.
- I (or the provider) am not currently aware of being a party to any criminal investigation conducted by the Deputy Attorney General for the Medicaid Fraud Control (MFCU), or any other agency of the United States Government or any political subdivision thereof.

Signature

Date

Print Name

Title