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**Provider Services Department**

**Optum, Public Sector San Diego**

Phone: 800-798-2254 Option 7

Fax: 877-309-4862

Email: sdu\_providerserviceshelp@optum.com

*Date*

Re: Disbarment and Exclusion Attestation – *Facility Name*

To Optum Public Sector, San Diego:

This is the *Month*, *Year* Disbarment and Exclusion Attestation for *Facility Name Here*.

*I certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this contract is currently listed as excluded on the federal System for Award Management (SAM), the federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE), or the State of California Medi-Cal Suspended and Ineligible list.*

*I also certify that the deliverables and/or services delivered and/or performed from* Date From *through* Date To *specifically for this contract were rendered in accordance with the terms and conditions set forth therein.*

 Today’s Date

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*Signature Date*

Enter Name

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*(Please Print Name)*

Enter Job Title Enter Phone Number

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*(Please Print Job Title) Phone/Contact Number*