

I, _____, (Authorized official as listed in PECOS)
(Name)
certify the validity of the request for an advance payment by _____
(Supplier)
in the amount of \$ _____ from the Medicare program.

Specifically, I certify the accuracy of the statements checked below:

- I understand that Medicare is making an advance payment for services already provided.
- The Supplier has put forth a good faith estimate of the amount actually due for services already provided.
- The advance payment will be used to operate as the Supplier, and will not be used for payments outside of the Supplier's ordinary course of business as an operating facility.
- The Supplier has no plans to file for bankruptcy.
- The Supplier has not retained bankruptcy counsel.
- The Supplier has no plans to cease doing business.

In signing for the Supplier, and myself, I understand that false statements are punishable as felony under 18 U.S.C. §1001, which provides as follows: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined under this title, or imprisoned not more than five years, or both.

Signature: _____

Date _____ Title _____