

## MEDICAID CREDIT BALANCE REPORT CERTIFICATION PAGE

The Medicaid Credit Balance Report is required under the authority of the South Carolina Department of Health and Human Services.

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

### CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

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

\_\_\_\_\_  
Provider Name

\_\_\_\_\_/\_\_\_\_\_  
Provider 6-Digit Number/ NPI 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 and State laws, regulations and instructions.

(Sign) \_\_\_\_\_  
Officer or Administrator of Provider

(Print) \_\_\_\_\_  
Name and Title

(Print) \_\_\_\_\_  
Date

### CHECK ONE:

The Credit Balance Report Detail Page(s) is attached.

There are no Medicaid credit balances to report for this quarter. (No Detail Page(s) attached)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone Number

MIVS Contact 1-888-289-0709 Option #5

Fraud & Abuse Hotline 1-888-364-3224

Fax Number to Submit MCBR (803) 462 – 2582