

Lag Payment Attestation Form

For Services Provided After July 1, 2025

Vendor Name _____

Vendor # _____

This form must be completed and submitted along with each claim for Lag Payments to certify/attest to the following, consistent with the previously signed Lag Funding Agreement. Attestation to only one of the first two statements and supplying supplemental information is required.

- ☐ Claims have been submitted to the applicable Managed Care Plan(s) (MCP) at least 30 days prior to this request for Lag Payments from the regional center and payment has not been received from the MCP(s).

Claim Number: _____

Claim Date (associated with lag request):

Name of MCP:

Status of Claim (e.g., pending MCP review/payment, rejected due to incorrect or incomplete billing data, payment denied, payment received):

For claim(s) that have been rejected or denied, provide documentation of action taken by the home to obtain payment. Actions may include: Resubmission of corrected claims, submission of a dispute for denial or payment of claim through the MCP's provider dispute resolution process, if applicable: _____

OR,

- ☐ Due to factors beyond the Provider's control, Provider has been unable to submit, or been delayed in the submission of, claims to the applicable MCP(s) for services provided at least 30 days prior to this request for Lag Payments.

If this selection was made, include details of what has prevented submission of claims to the MCP, the timeframe of how long the home has been unable to submit claims, and what steps have been taken to remedy whatever is preventing claims submission:

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- ☐ Provider agrees to actively pursue/take steps necessary to obtain reimbursement from all applicable MCP(s).
- ☐ Provider agrees to repay the regional center within 15 days of receipt of payment from the applicable MCP(s).

For Lag Payments for services provided before July 1, 2025, and not repaid to the Creditor Regional Center, provide an example of a claim that illustrates common issues found in the claim process and detail the following:

Claim Number: _____

Submission Date: _____

Name of MCP: _____

Summarized statement of issue(s) and action taken by the home and MCP:

By the signing this form, the individual confirms they are authorized to certify/attest to the statements above.

Signature: _____

Name: _____

Title: _____

Date: _____