Date

Re: Debarment and Exclusion Attestation – Facility Name

To Optum Public Sector, San Diego:

This is the Month, Year Debarment 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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Name

Enter Job Title Enter Phone Number

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Job Title Phone/Contact Number