



Signature/Name Affidavit

Provider: _____ NPI No: _____

Date: _____

This is to certify that my legal signature is as written and typed/printed below. This signature must exactly match signatures on all Provider Documents.

(Print or Type Provider Name)

Provider Signature

Subscribed and sworn to before me this ____ day of _____, 20____, by
_____, personally known to me or proved to me on the
basis of satisfactory evidence to be the person who appeared before me.

Notary Signature