

# Medicaid Exclusion Certification

**\*\*Please print clearly\*\***

Under Federal law, health care programs such as Medicaid, the State Children's Health Insurance program (SCHIP) and Medicare cannot pay for services or items furnished, ordered, or prescribed by an excluded health care provider.

Provider / Program Name: \_\_\_\_\_

Subjects Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: \_\_\_\_\_

NPI: \_\_\_\_\_

Identifying Optional Information (to verify identity): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Other: (e.g. driver's license number, maiden name, etc): \_\_\_\_\_

**SC HHS Web Site:** <http://www.scdhhs.gov/index.asp>

\_\_\_\_\_ The above named individual **IS NOT** listed on the SCHHS exclusion list.

\_\_\_\_\_ The above named individual **IS** listed on the SC HHS Listing and therefore, can not receive Medicaid payment for any healthcare services (directly or indirectly).

**FEDERAL LEIE Database:** <http://www.oig.hhs.gov/fraud/exclusion.asp>

\_\_\_\_\_ The above named individual **IS NOT** listed in the List of Excluded Individuals and Entities (LEIE) database.

\_\_\_\_\_ The above named individual **IS** listed on the List of Excluded Individuals and Entities and therefore, can not receive Medicaid payment for any healthcare services (directly or indirectly).

## Certification

*This is to certify that a search for the above named individual/program has been conducted. I understand I am obligated to report to SCDHHS immediately if an excluded individual is an employee, contractor, supplier, agent, or is involved in providing services that are related to and reimbursed, directly or indirectly, by the Medicaid program. Failure to do so would constitute non-compliance with program regulations.*

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Verification Date

**\*\*\* Note: This form should be maintained in employee/provider file \*\*\*\***