



Certification Documentation

This form should be used to send in certification documentation. You are not required to send certification to Tufts Health Plan unless you wish to receive protected health information (PHI). (Please review Tufts Health Plan's HIPAA Privacy Summary for more information.) If you are sending in a certification, please complete the form below and contact your Tufts Health Plan sales or account representative. Your sales or account representative will then tell you his/her fax number so you can fax this completed form to his/her attention.

Name of Group: _____

Tufts Health Plan account manager: _____

Contact for questions regarding certification: _____

Contact's phone number: _____

I _____ hereby represent and warrant the following:
(1) the attached certification has been presented by the Plan Sponsor to the Group Health Plan and has been accepted by the Group Health Plan; (2) the certification complies with the requirements of 45 C.F.R. § 164.504(f)(2); and (3) I am authorized to sign this representation on behalf of the group listed above.

Signature

Title

Date

Once this documentation is signed and completed, please contact your Tufts Health Plan sales or account representative. Your sales or account representative will then tell you his/her fax number so you can fax this completed form to his/her attention.