



Attachment 1 [Complete either Section 1 OR Section 2]

Section 1
STATEMENT OF PRIMARY PROVIDER ORGANIZATION AFFILIATION

Independent Practitioner Attestation

I represent and warrant I have the authority to enter into the Health Services Agreement between _____ and Tufts Health Plan notwithstanding any other
(Print PO Name & Number)

I, _____ Tufts Health Plan Practitioner Number _____,
(Print Practitioner Name)

do hereby designate said Provider Organization as my primary affiliation with Tufts Health Plan. I do understand that by designating this Provider Organization as primary, I am indicating that this Provider Organization may be responsible for providing Tufts Health Plan with my credentialing and recredentialing information and I agree to cooperate in the collection of the required information in a timely manner.

Practitioner Signature _____
Date

Provider Organization Attestation:

We, _____ have ascertained that this provider
(Print PO Name & Number)
has the authority to enter into the Health Services Agreement referenced above, notwithstanding any other agreement(s).

PO Authorized Signatory _____
Date

Section 2
STATEMENT OF NON-PRIMARY PROVIDER ORGANIZATION AFFILIATION

Independent Practitioner Attestation

I represent and warrant I have the authority to enter into the Health Services Agreement between _____ and Tufts Health Plan
(Print PO Name & Number)

notwithstanding any other agreement(s). I, _____
(Print Practitioner Name)

Tufts Health Plan Practitioner Number _____, do hereby designate said Provider Organization as a non-primary affiliation with Tufts Health Plan.

Practitioner Signature _____
Date

Provider Organization Attestation

We, _____ have ascertained that this provider has the
(Print PO Name & Number)
authority to enter into the Health Services Agreement referenced above, notwithstanding any other Agreement(s)

PO-Authorized Signatory _____
Date