

PerformCare Intensive Behavioral Health Services (IBHS) Attestation Form

(To be completed by IBHS Licensed Providers prior to credentialing with PerformCare)

Provider that are transitioning to IBHS prior to becoming credentialed with PerformCare as an IBHS Provider are required to attest to **all** of the following:

I attest that _____ **[Provider name]** obtained an IBHS license from OMHSAS on _____ **[Insert date]**. Attach copy of OMHSAS Approved IBHS license, as well as all IBHS waivers, if applicable.

I attest that _____ **[Provider name]** will follow **all** IBHS regulations.

I attest that _____ **[Provider name]** will follow **all** PerformCare IBHS policies and procedures.

Provider Name: _____

Signature of Administrative Director: _____

Date: _____