Encounter Claim Count Verification Acknowledgement and Action Form

Contractor shall complete this Acknowledgement and Action Form and return it to Contractor's designated Encounter Data Liaison within 14 calendar days of receipt of the Out of Balance Encounter Validation–Claim Count Verification Report notice.

Submission Date: _____ the following explanation is given for OHA identified out of balances.

Include any action Contractor will take to adjust or resolve the out of balance.

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[ ] Check to indicate that the variance between the Contractor's reported Total Billed Amount and the OHA Billed Amount is less than $10.00, and Contractor expects no further reconciliation.

I, the undersigned, hereby attest that a copy of this Encounter Claim Count Verification Acknowledgment and Action Form has been provided to the Chief Executive Officer, Chief Financial Officer, or the individual who has delegated authority to certify data by Signature Authorization Form.

_____	_____
Print Name	Print Title
_____	_____
Signature	Date