Enrollment Reconciliation Certification – Discrepancies Found

Use this form when there are discrepancies as described in the instructions to this form.

Contractor shall complete this form and submit to OHA within 14 calendar days from the receipt of the OHA 834 Enrollment transaction file if discrepancies are found.

Contractor Name: _____

For Month Ending Date: _____

Specify Discrepancy:

OHP Client Prime Number	OHP Client Name	Identify Discrepancy

I, the undersigned, hereby attest that I have determined the OHA 834 Enrollment transaction file and the Contractor's HIS have discrepancies that I have noted above, and I, hereby certify based on my best knowledge, information and belief that this determination submitted to OHA is accurate, complete and truthful.

_____ _____

Print Name Print Title

_____ _____

Signature Date