

Enrollment Reconciliation Certification – No Discrepancies

Use this form when there are no 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 there are no discrepancies found.

Contractor Name: _____

For Month Ending Date: _____

I, the undersigned, hereby attest that I have determined that the OHA 834 Enrollment transaction files and Contractor’s HIS have no discrepancies, 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