**SAMPLE**

**Affidavit of [Entity Name]**

**[State of Exclusion]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONALLY came and appeared before me, the undersigned Notary, the within named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is Limited Liability Corporation registered with the Secretary of State in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,., and hereby affirms and makes this statement and Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

1. The name of the limited liability company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. The incorporation date of [Entity Name] is \_\_\_\_\_\_\_\_\_\_\_\_\_.
3. The Tax Identification Number for [Entity Name] is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. The address of [Entity Name] is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. The DUNS of [Entity Name] is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. The NPI number of [Entity Name] is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. [Entity Name] is not currently excluded by the OIG List of Excluded Individuals or Entities list for HHS.
8. [Entity Name] is not currently excluded by [Applicable State or Federal List], nor does it appear on the Excluded Parties List, thereof.
9. No owner of [Entity Name] is excluded by by the OIG List of Excluded Individuals or Entities list for HHS.
10. No owner of [Entity Name] is currently excluded by the [NAME OF STATE], Office of Contracting and Procurement, nor does it appear on the Excluded Parties List, thereof.
11. [Entity Name] and its owners are aware that pursuant to its contract with [YOUR COMPANY NAME], neither [Entity Name] or its owners can be excluded from participation in or receiving federal health care funds from any federal or state government or by any state Medicaid Exclusion agency.
12. [Entity Name] is not related to nor was at any such time associated with or registered to conduct business as [Name of Excluded Entity].

INSERT APPROPRIATE SWORN STATEMENT LANGUAGE AND NOTARY SEAL

DATED this the\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Signature of Affiant

SWORN to subscribed before me, this \_\_\_\_ day \_\_\_\_ \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

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