AFFIRMATIVE STATEMENT ABOUT INCENTIVES

For Staff That Make Organizational Determinations

As a part of the BHRS’ Utilization Management Program, I certify that all clinical decision making is based only on appropriateness of care, service, and the existence of coverage; I have not received nor taken any incentive in the course of this work. Behavioral Health and Recovery Services does not reward, influence, and/or coerce practitioners or others for issuing denials; and financial incentives do not encourage decisions that result in underutilization.

________________________
Clinician Name (Print)

________________________
Clinician Signature

Date

________________________
Supervisor Signature

Date

________________________
Date Reviewed/Audited

________________________
Name of Auditor

________________________
Signature

1 Approve or deny requests for service by beneficiary or provider.