

Alabama Department of Public Health  
Bureau of Health Provider Standards  
Division of Managed Care Compliance  
201 Monroe Street, Suite 710  
Montgomery, AL 36104  
(334) 206-5366

Non-URAC Agents  
Annual Policy Attestation Statement

I do solemnly swear or affirm that the policy and procedure documents approved during the previous year's annual renewal process remain in force and unchanged. There have been no modifications to these policy and procedure documents nor have new policy and procedure documents been added. I further affirm that any changes or additions to previously approved policies were timely submitted (within 30 days) for review to the Alabama Department of Public Health.

Policy and Procedure Documents still in use are listed below (by form number).

Form #:	<input type="text"/>	Title of Policy or Procedure:	<input type="text"/>
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Name of Signatory:

Authorized Signature: \_\_\_\_\_  
(Must be a senior official of the organization)

Sworn to and subscribed before me this day of \_\_\_\_\_ (date)

\_\_\_\_\_  
(Signature and seal of a Notary)