Journal ID

(DOA USE ONLY)

HEALTHCARE CERTIFICATION FORM

Agency Number: **Agency Name:** **Coverage Month:**

I certify that all automated healthcare reconcilation reports have been reviewed. The reconciliations for all healthcare plans reported on the U107 have been deemed proper and correct with the exception of those listed below. Any required adjustments have been documented and the related accounting transaction has been submitted to DOA.

Date ATA was submitted to DOA: **ATA File Name:** HC **Example: HC88800Mar2016**

use "HC" + Business Unit + 3 Character Month Literal + 4 Digit Year

Provider Name	Group Number	Adjustment Amount

Revised 4/1/2016 **Approved by:** **Date:**