



## Department of Community Health

### Durable Medical Equipment (DME) Licensure Exemption Attestation Form

*To be completed by the individually enrolled Durable Medical Equipment (DME) provider or the Authorized Representative of the attesting business.*

I attest that (Facility Name): \_\_\_\_\_ is exempt from the Durable Medical Equipment (DME) licensure requirement. Pursuant to section 480-7B, my business is one of the listed entities not required to obtain a Durable Medical Equipment (DME) supplier license. To the best of my knowledge, the information supplied in this document is true, accurate and complete and is hereby released to the Georgia Department of Community Health, Division of Medical Assistance for issuing a Medicaid provider number. I understand that falsification, omission or misrepresentation of any information in this enrollment package will result in a denial of enrollment, the closure of current enrollment, and the denial of future enrollment requests, and may be punishable by criminal, civil or other administrative actions. I understand that my signature certifies that I have read the manuals, Parts I, II, and III (if applicable), for the Contract(s) indicated herein and I authorize Medicaid or its authorized representative to verify this information.

By signing this attestation, I acknowledge that I accept the terms of the Attestation Statement.

Printed Name	Signature	Date
(     )	(     )	
Contact Phone Number	Fax Number	Email Address