

AFFIDAVIT

**CERTIFICATION OF THE HOSPITAL'S FY 2015
TWELVE MONTHS ACTUAL FILING**

I, _____, _____
Name Hospital Position Title - CEO or CFO

of _____
Hospital

hereafter referred to as "the Hospital", being duly sworn, depose and state that:

1. The information submitted both electronically and in hard copy to the Department of Public Health, Office of Health Care Access division, that is contained in the Hospital's FY 2015 Twelve Months Actual Filing concerning its actual results from operations, is true, accurate and consistent with the FY 2015 Twelve Months Actual Filing General Instructions provided to the Hospital by the Department of Public Health, Office of Health Care Access Division; and
2. The information submitted to the Department of Public Health, Office of Health Care Access division electronically in the Hospital Reporting System is identical to the information upon which the Hospital's FY 2015 *Report of Independent Accountants on Applying Agreed-Upon Procedures to Report 600* is based.

Signature Date

Subscribed and sworn to before me on _____
Date

Notary Public / Commissioner of Superior Court

My commission expires: _____
Date