

ATTACHMENT B
PROVIDER PARTICIPATION ATTESTATION

WHEREAS, Cenpatico, LLC, has executed an Agreement with _____
_____ ("Group") (*insert name of contracting Group*) dated _____
(*date to be completed by Cenpatico*) pursuant to which Group has agreed to provide
Covered Behavioral Health Services to Cenpatico Covered Persons through Group
Clinicians (the "Agreement"); and

WHEREAS, Group has requested that the undersigned provider ("Provider") serve as a
Group Clinician under the Agreement and Provider so desires to participate; and

WHEREAS, as a condition of such participation and Provider's designation as a "Group
Clinician" under this Agreement, Provider must satisfy Cenpatico's credentialing and
recredentialing criteria and execute this Attestation acknowledging his/her agreement to
comply with, and be bound by, the terms and conditions of the Agreement and any
Attachment thereto.

NOW THEREFORE, Provider hereby agrees as follows:

1. Provider agrees to provide Covered Behavioral Health Services to Covered Persons
in accordance with the requirements of the Agreement and any Attachment thereto
so long as Provider qualifies as a Group Clinician.
2. Provider understands and agrees that his/her initial and continued participation as a
Group Clinician under the Agreement and any Attachment thereto is contingent
upon meeting and complying with Cenpatico's credentialing and recredentialing
standards and otherwise complying with the terms and conditions of the Agreement.
3. Provider acknowledges that Cenpatico expressly reserves the right to reject,
suspend, and/or terminate his/her participation under the Agreement for breaching
or otherwise failing to: (i) comply with the term of the Agreement or any
Attachment thereto; (ii) meet Cenpatico's credentialing and recredentialing
requirements; or (iii) comply with the Provider Manual.
4. This Attestation shall be effective as of _____ (*insert signature date*).

Provider Name (print): _____

Provider Signature: _____

License Type: _____

State Medicaid Number: _____ NPI Number: _____

Date: _____