

ATTESTATION OF SITE VISIT

Contracted Primary Care Physicians (PCP) must complete this *Attestation of Site Visit* form upon initial credentialing and re-credentialing and every 36 months. By signing and dating this form the Primary Care Physician attests that this policy is understood and accepted.

This form must be completed by ***each*** Primary Care Physician in a group practice.

Signature

Printed Name

Date