



**All Offices:**  
(919) 651-8401



**Online:**  
AllianceHealthPlan.org

### Credentialing Attestation

By signing this attestation I am verifying that all individuals who are providing services have been credentialed and enrolled as required per Alliance and North Carolina Requirements. This includes ensure that all required background checks and verifications have been completed prior to staff delivering services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please return this document with your Site Self-Assessment.



ACCREDITED  
Health Call Center  
Expires 01/01/2023



ACCREDITED  
Health Network  
Expires 01/01/2023



ACCREDITED  
Health  
Utilization  
Management  
Expires 01/01/2023