

Sonoma County Department of Health Services  
Behavioral Health Division  
3324 Chanate Rd  
Santa Rosa, CA 95404  
Attestation

Attestation of Claim: I hereby certify that I am the official who is responsible for claiming the amount of reimbursement specified in the attached documents. To the best of my knowledge and belief these claims are in all respect true and correct and are completed in accordance with applicable law. To the best of my knowledge and belief, the services were provided in accordance with clients written treatment plan and the services have been documented in the client record, if applicable. I understand that payment for these claims may be from Federal and/or State, and/or County funds and that any falsification or concealment of a material fact may be prosecuted under Federal and/or State Laws.

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Approved by Facility Executive Director or Designee

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Date

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Print Name

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Title