

Caterpillar HealthCare PPO NetWork

Applicant's Attestation

In making application for credentialing or recredentialing to the Caterpillar Healthcare PPO NetWork, I hereby certify that the information submitted by me is true to the best of my knowledge and belief. I understand that any misstatement in or omission from my application that the Credentials Committee determines in its sole discretion is material or significant may be cause for denial of the application and may result in dismissal from the Caterpillar Healthcare PPO NetWork.

I acknowledge that I have the burden of producing adequate information for proper evaluation of my professional training, experience, competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I acknowledge that credentialing/rec credentialing to the Caterpillar Healthcare PPO NetWork carries with it all the responsibilities and privileges that are set forth by contract (including the obligations to provide continuous care to my patients and to release to those individuals participating in evaluating my qualifications from civil liability). I am familiar with the laws, rules and regulations, and the principles, standards and ethics of the national, state and local associations that apply to and govern my specialty and/or profession, and I agree to be bound by the terms thereof if my application for credentialing or rec credentialing is granted.

I acknowledge and agree that I if my application to the Caterpillar Healthcare PPO NetWork is granted, I will provide any corrections, updates, or modifications to my credentials data to ensure that all credentialing data remains current. I acknowledge and agree to provide information concerning any corrections, updates, or modifications relating to State health care professional license revocation, federal Drug Enforcement Agency license revocation, Medicare or Medicaid sanctions, revocation of hospital privileges, any lapse in profession liability coverage required, or conviction of a felony within five (5) business days from the date I know of the correction, update, or modification. I acknowledge and agree to provide notice of any other change in the information within forty-five (45) business days from the date I know of the change.

NOTE: For claims reimbursement purposes, Caterpillar **must** be notified of any change to a provider's address, billing address, specialty, or TIN as soon as the change is known, but no later than 30 days **prior** to the effective date of the change. This notification must be made to the Caterpillar Healthcare PPO NetWork email at PR_Credentialing@cat.com and made in addition to submission of the corrections as specified above.

PRINT OR TYPE APPLICANT'S NAME

APPLICANT'S LAST 4 SSN #

APPLICANT'S SIGNATURE

DATE

M-002-00