



Dear Medicaid Provider:

As a participating Medicaid primary care physician, you are required to attest to your total active patient load. The term "active patient" refers to a patient seen by the same PCP, or by a physician assistant or advanced nurse practitioner under the supervision of the PCP, at least three times within a calendar year. Your patient load includes all patients regardless of the payor. Please review the attestation statement below, sign it and return it to the Healthplan as soon as possible. Should your active patient load reach 3,000 at any time, please contact the Plan immediately.

If you have any questions, please contact your Provider Operations representative. Thank you for your cooperation.

PCP TOTAL ACTIVE PATIENT ATTESTATION

My current total active patient load (all patients seen by me, a physician assistant or advanced nurse practitioner under my supervision at least three times within a calendar year) **does not exceed 3000.**

I certify that the above information provided on this attestation is complete and accurate. I understand that if false information is provided on this form it may be grounds for termination from Vista Healthplan or Vista Healthplan of South Florida.

Signature of provider

Date

Print Name of Provider

REMINDER: Should your active patient load exceed 3,000 at any time, please contact Vista Healthplan immediately.