

Field	Name	Instructions
<u>Field 1:</u>	ETIN	Fill in with "00E8"
<u>Field 2:</u>	Billing Service Name	Fill in with "James McGuinness & Associates"
<u>Field 3:</u>	Date	Enter the date the Certification Statement is submitted to CSC.
<u>Field 4:</u>	Provider Name	The name of the Early Intervention billing provider
<u>Field 5:</u>	10 Digit NPI	The NPI of the Early Intervention billing provider. This should be the same NPI that was used when applying for your Medicaid Provider #.
<u>Field 6:</u>	8 Digit Medicaid Provider ID	The Medicaid Provider # of the Early Intervention billing provider.
<u>Field 7:</u>	Signature	Enter the signature of the individual indicated in Field 4. This must be an original signature.
<u>Field 8:</u>	Date	Enter the date the Certification Statement was signed and notarized.
<u>Field 9:</u>	Name and Title	Print the name and the title of the person whose signature appears in Field 7. For corporations / Agencies, the Title should be the corporate title (Owner, President, etc.) For individuals, this can be "Self" or your professional credentials (SLP, OTR/L, etc.)
<u>Field 10:</u>	Telephone #	Enter the telephone number of the person whose signature appears in Field 7.
<u>Field 11:</u>	Email Address	If available, enter the email address of the person whose signature appears in Field 7.
<u>Field 12:</u>	Notary Public	To be completed and signed by the Notary Public. The fiscal agent cannot accept Certification Statements that are not notarized. In addition to the notary signature, NYSDOH requires a notary seal or stamp on this document. The notary's commission expiration date/year must be entered and legible. This information may be hand-written if it does not appear on the stamp/seal. The provider's name must be entered as the person who personally came before the notary.