

Attestation Regarding Addition of Model Numbers

State of _____ SS
County of _____

I, _____, being duly sworn, state the following:

I am the _____ (title) of _____ (company name) and I am authorized by _____ (company name), to make this statement.

In our request for an addition of a model number for the following product(s) listed on the DMECS (attach current DMECS product(s) listing) (hereafter referred to as "Product(s)"), I attest that the following is true:

- (1) that no Product has changed in any respect from the most recently approved HCPCS coding verification application for that Product and/or the Product will continue to meet applicable FDA labeling requirements, and subsequently, if there are any changes made to a Product and/or if a Product fails to meet applicable FDA labeling requirements, a new HCPCS coding verification application will be submitted to the PDAC for coding verification.

(signature)

(name)

(title)

On this ____ day of _____, 20____, before me, a notary public, personally appeared _____ who upon being duly sworn, acknowledged to me that he/she is the person described above, and who acknowledged to me his/her execution of the foregoing instrument.

Notary Public

My Commission Expires: _____