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:___________