

**Attestation regarding Manufacturer Name Change Resulting  
from Corporate Merger or Purchase**

State of \_\_\_\_\_  
County of \_\_\_\_\_ SS

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 a change in the manufacturer/distributor name for the following product(s) listed on DMECS (attach current DMECS product(s) listing), I attest that the following is true: 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 FDA labeling requirements, if applicable, 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: \_\_\_\_\_