

## EXHIBIT 177

*(Rev. 85, Issued: 07-19-13, Effective: 07-19-13, Implementation: 07-19-13)*

### **ATTESTATION STATEMENT FOR FEDERALLY QUALIFIED HEALTH CENTER**

#### **INSTRUCTIONS FOR COMPLETING**

1. **Name of Entity:** *The FQHC applicant must fill in its legal business name of the FQHC entity, as reported to the Internal Revenue Service. The legal business name must match the information listed in section 2B of the Form CMS 855A.*
2. **D/B/A Name:** *If the FQHC applicant does business under a different name than its legal business name, it must enter that name here. If the applicant does not have a different D/B/A name, this space should be left blank. If the applicant enters a D/B/A name, it must match the information entered in section 2B of the Form CMS 855A if the “doing business as” block is checked.*
3. **Address:** *The FQHC applicant must enter the same address as it entered in Section 4A of the Form CMS 855A as the “practice location” of the FQHC. The applicant must enter the street name and number, the city/town, state and zip code. If there is a suite number, this must be entered as well.*
4. **Type of FQHC:** *The FQHC applicant must check one, and only one, of lines (A)(i), (A)(ii), (B) or (C), indicating the basis on which it qualifies to be an FQHC.*
5. **Signature:** *The attestation must be signed on behalf of the applicant by one individual whose name and signature appears in the Form CMS 855A, either in Section 15 as an authorized individual, or in Section 16 as a delegated official, if the FQHC has identified any delegated officials. The individual’s name, title and date of signature must be entered. Before signing the individual must review the regulations at 42 CFR Part 405 Subpart X, and Part 491, as described in §405.2434(a), since the signature attests to compliance with these regulations. The regulations may be found at [http://www.ecfr.gov/cgi-bin/text-idx?sid=614cb89fc17db8dae88af84c6b174bf1&c=ecfr&tpl=/ecfrbrowse/Title42/42tab\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?sid=614cb89fc17db8dae88af84c6b174bf1&c=ecfr&tpl=/ecfrbrowse/Title42/42tab_02.tpl)*

## ATTESTATION STATEMENT FOR FEDERALLY QUALIFIED HEALTH CENTER

This attestation statement applies to \_\_\_\_\_  
(name of entity)

D/B/A \_\_\_\_\_

located at: \_\_\_\_\_ (address,  
including street name and number, suite number if applicable, city, state, zip code).

The *above-named entity* complies with all applicable Federal requirements related to the following provision of §1861(aa)(4) of the Social Security Act (check the appropriate box):

\_\_\_ (A)(i) Is receiving a grant under §330 of the Public Health Service Act, or

\_\_\_ (ii)(I) Is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under §330 of such Act;

\_\_\_ (B) *Has been notified by the Health Resources and Services Administration that it has been determined to meet the requirements for receiving such a grant:* or

\_\_\_ (C) Is an outpatient health program or facility operated by a *tribe or* tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act.

The *above-named entity* agrees to remain in compliance with the all of the federally qualified health center requirements specified in 42 CFR Part 405 Subpart X, and Part 491, as described in §405.2434(a).

I certify that I have reviewed each Federal requirement in §1861(aa)(4) of the Social Security Act and the federally qualified health center requirements specified in 42 CFR Part 405 Subpart X, and Part 491, as described in §405.2434(a) and that *the above-named entity* is currently in compliance with these requirements and regulations and has been in compliance with these requirements and regulations. *The above-named entity* agrees to inform the Centers for Medicare & Medicaid Services of any changes that result in noncompliance.

**Attention:** Read the following provisions of Federal law carefully before signing:

**STATEMENTS OR ENTRIES GENERALLY:** Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both. (18 U.S.C. §1001).

*Attestation on behalf of the above-named entity by:*

*Signature* \_\_\_\_\_ *Title* \_\_\_\_\_

*Printed Name* \_\_\_\_\_ *Date* \_\_\_\_\_

Accepted for the Secretary of Health and Human Services by:

*Signature* \_\_\_\_\_ *Title* \_\_\_\_\_

*Printed Name* \_\_\_\_\_ *Effective Date* \_\_\_\_\_