

Affiliation Attestation

Physician's Assistant (PA)



This form must be completed in its entirety and should be returned to our office within five (5) days of receipt.

Attestation	
This statement is to serve as affirmation that the individual listed below has executed a Standard Care Arrangement with myself as their collaborating physician.	
PA's Name	PA's NPI
Authorization	
Practice Name	TIN
Physician's Name	Physician's NPI
Physician's Signature	Date