

**This attestation statement form must be signed and returned at the time of registration for the Denver Health Medical Plan (DHMP) Provider Portal. The attestation form will remain active for one (1) year from the date of signature and must be renewed annually.**

**I, the undersigned, hereby attest that:**

1. The information provided in my registration form for the DHMP Provider Portal is, to the best of my knowledge and belief, complete, current, accurate and truthful.
2. The submission of inaccurate or missing information (whether intentionally or unintentionally provided) may result in limited or immediate termination of my access to the DHMP Provider Portal.
3. As of the date written below, I have reviewed my information submitted via the DHMP Provider Portal registration form and it continues to be complete, current, accurate and truthful.
4. I am and shall be accountable for updating the information submitted not more than thirty (30) days after such information becomes incomplete or inaccurate.

**Is this an initial or renewal submission (select one)?:**    Initial    0                      Renewal    0

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Full Name (Print)

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Provider Entity Name

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Signature

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TIN Number

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Today's Date

**Once completed, this form should be emailed to:  
[DHMP\\_Portal@dhha.org](mailto:DHMP_Portal@dhha.org)**

*DISCLAIMER: Failure to submit and/or renew this Provider Portal Attestation Form annually may limit and/or permanently terminate your existing DHMP Provider Portal Registration and therefore require re-registration.*