A Public Entity
Inland Empire Health Plan

IDENTITY ATTESTATION

Inland Empire Health Plan received notification from the Death Master File (DMF) from the Social Security Association (SSA) that **<Practitioner Name>**, M.D./D.O. is deceased, therefore we are reaching out to confirm his/her date of death.

A. If the practitioner is deceased, please provide the Date of Death, _____, so we may update our systems accordingly.

_____ _____
Completed by (Print Name) Title

_____ _____
Completed by (Signature) Date

B. If the practitioner is clearly not deceased, please complete, sign and date below to acknowledge your identification on the Death Master File and confirm you will contact Social Security Administration's Death Master File (SSADMF) to correct the issue. Please submit the following documentation along with your Identity Attestation Form:

1. A copy of the Social Security Card;
2. A photo ID;

License Number (as applicable): _____ License Type: _____

Signed on the _____ day of _____ in the year _____

_____ _____
Print Name of Practitioner Signature of Practitioner

_____
Address of Practitioner

IEHP Internal Use Only

The information listed on this affidavit has been verified and deemed as true and correct to the best of my knowledge.

_____ _____
Printed Name of IEHP Team Member Signature of IEHP Team Member

_____ _____
Date Department