

CONFIDENTIAL/PROPRIETARY

Addendum E
General Practice Providers & Obstetrics/Gynecology PCP's only
Primary Care Experience – Attestation

Please indicate below the age of the patients for whom you have provided primary care services to in the last five (5) years. In order for a category to apply, it must represent at least 20% of your average practice and you must be familiar with and routinely follow standard preventative services, such as CHDP and the American Academy of Pediatrics (AAP), both for Pediatrics only, and the United States Preventative Task Force (USPTF). Please check all those that apply:

- Pediatrics (0 to 18 years of age)
- Pediatrics (0 to 21 years of age)
- Adults (14 years of age and above)
- Adults (18 years of age and above)
- Adults (21 years of age and above)
- Ob/Gyn PCP (14 years and above, restricted to females)
- If you desire age limits different from above, please specify:

NOTE: If your desire age limits different from above, you will not receive member auto-assignment.

I attest to the fact that all of the information submitted by me in this document is true and correct to the best of my knowledge and belief. I fully understand that any significant misstatement or omission from this attestation may constitute cause for denial of participation or dismissal from participation with Inland Empire Health Plan (IEHP).

Physician's Name: _____

Physician's Signature: _____ Date: _____
(Stamped signature is not acceptable)