

## ATTACHMENT E: STATEMENT REGARDING EXCLUSION LISTS

The Applicant must attest that neither the provider nor its staff, contractors, subcontractors, or vendors are on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE) <http://oig.hhs.gov/fraud/exclusions.asp>;
- System for Award Management (SAM) *(formerly Excluded Parties List System (EPLS))* <https://www.sam.gov>;
- Department of Human Services' Medichex List <http://www.dhs.state.pa.us/publications/medichexsearch/>

\_\_\_\_\_ I attest that the Applicant meets the above requirement

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title