Washington State Health Care Authority

Attestation Form for Information Submission to the Prescription Drug Affordability Board

Drug under the affordability review

Submitter organization

By signing below, I, _____, certify under penalty of perjury that:

- I have the authority to submit information to HCA on behalf of the organization named in this form.
- I have reviewed the information submitted, and (check whichever applies):

☐ I have reviewed the information submitted. All information submitted is true, correct, and up to date. Any requested information that was not submitted is because the organization named in this form does not have the requested information and has no way to collect, gather, and/or estimate the information.

Signature

Print name

Title

Date