**[BH-ASO]** Daily Batch File Submission of Behavioral Health Supplemental Data **[Organization name or initials]**

To the best of my knowledge, information and belief as of the date indicated, I certify that the behavioral health supplemental data and the corresponding financial summary, or other required data, reported by **[BH-ASO]** to the state of Washington in the submission is accurate, complete, truthful and is in accordance with 42 CFR § 438.606 and the current Behavioral Health-Administrative Services Organization (BH-ASO) Contract in effect.

Below is a summary of the file names and record counts:

|  |  |  |  |
| --- | --- | --- | --- |
| **Batch File Name** | **Date Submitted (MM/DD/YYYY)** | **Number of Records** | **Status of Submission****(Rejected or Accepted)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Number of Records and Files:** |  |  |

Organization Name:

Authorized Staff Name:

Authorized Staff Title:

Telephone Number: