



Recognizing Excellence
2011 Measurement Year

Attestation of Accuracy

I hereby certify that the measurement data submitted herein for the Blue Cross and Blue Shield of Minnesota Recognizing Excellence Initiative is complete and accurate to the best of my knowledge.

Name

Official Title
(Clinic Administrator or Chief Medical Officer)

Provider Group

Date

Please return an executed copy of this form by February 22, 2012:
(Please save a copy for your records)

Tracy Krech / Recognizing Excellence
Blue Cross and Blue Shield of Minnesota
PO Box 64560 R259
St Paul, MN 55164-0560
Fax: 651-662-0015