

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH PLAN CLAIM CERTIFICATION
FOR INDIVIDUAL PROVIDERS

I, _____ (print name) _____, attest that I have provided the mental health services recorded on the accompanying Units of Service log and that all information is accurate, complete and truthful to the best of my knowledge. I further attest that the services provided by me, as reflected on the Units of Service log, were reasonable and medically necessary for the client and were consistent with the client's treatment plan. Claims for services submitted as a result of this Units of Service log are supported by documentation.

Signature

Date