



## Conflict of Interest Attestation

Please check those statements that apply in section I **or** II and then sign below.

### **I. Applies if You Are Free of Any Conflict of Interest**

- I, hereby, certify that I have reviewed AlohaCare's conflict of interest policy.
  
- I, hereby, certify that I am free of any conflict of interest in administering or delivering Medicare benefits.

OR

### **II. Applies if You May Have a Conflict of Interest**

- I, hereby, certify that I have reviewed AlohaCare's conflict of interest policy.
  
- I, hereby, certify that I have disclosed to management any potential conflicts of interest that I may have in administering or delivering Medicare benefits.
  
- I, hereby, certify that I have obtained management approval to work despite any potential conflict(s) or I have eliminated the potential conflict(s).

To the best of my knowledge and belief, the information contained in this response is true and accurate.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer/Name of Company