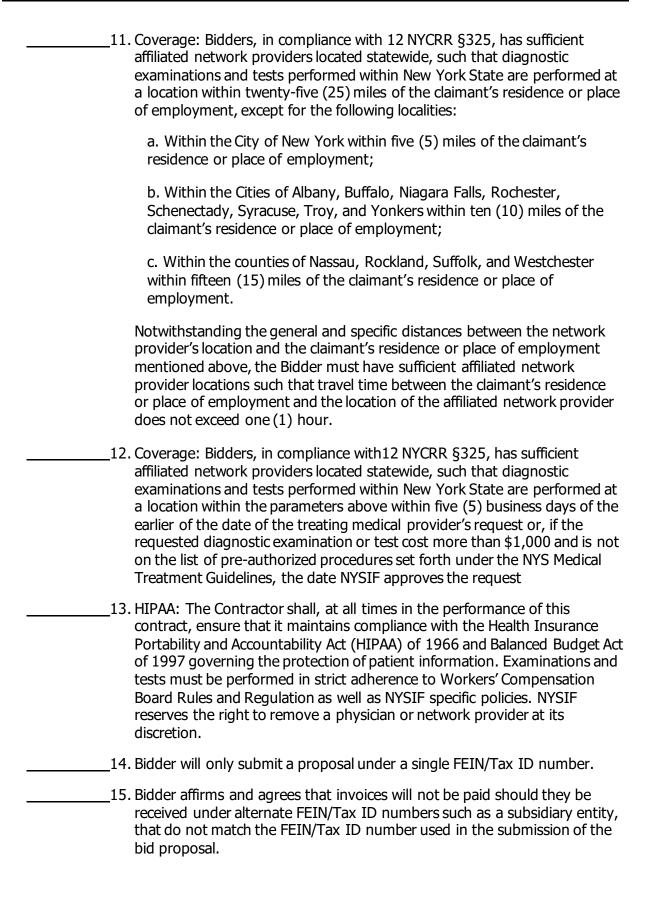


ATTACHMENT 4

MANDATORY REQUIREMENT CERTIFICATION

CERTIFICATIONS:

1.	Bidder has completed the attached Appendix T, Vendor Security Survey. Appendix T, and any substantiating documents, even if included or referenced elsewhere in a bidder's response, must be submitted as one file and labeled separately in the electronic copy.
2.	Bidder is registered with the New York State Workers' Compensation Board as a Diagnostic Testing Network and must remain in compliance with all Board requirements.
3.	Bidder certifies that they understand and will comply with all New York State Workers' Compensation law and Workers' Compensation Board regulations and any changes made during the term of any resulting contracts.
4.	Bidder certifies that they understand and will comply with the NYS Medical Treatment Guidelines when diagnostic examinations and tests are requested for, including but not limited to, all body parts and diagnoses covered by the NYS WCB Medical Treatment Guidelines.
5.	Bidder certifies that diagnostic examinations and tests will be performed by licensed medical providers who are Board authorized at the time the diagnostic examination or test is performed.
6.	Bidder certifies that they will notify NYSIF immediately if an owner/partner/officer is convicted, pleads no contest, or enters into a consent agreement concerning misdemeanor/felony infractions.
7.	Bidder certifies that bills will be submitted to NYSIF using a NYSIF-contracted eBilling vendor. (Section 2.5., "Cost/Invoicing," for additional information).
8.	Bidder certifies that in-network providers will be paid for the diagnostic services provided when NYSIF has paid the bidder for those billed services.
9.	Bidder certifies that inquiries by NYSIF regarding payment by bidder to innetwork providers for services paid by NYSIF to bidder will be responded to, with documentation, within 2 working days.
10.	. When the Bidder receives a referral that cannot be fulfilled within the requirements of the contract, the bidder will provide written/email communication to the case manager within one business day.



Title			
Typed/Printed	d Name	Company Name	
Signature		Date	
	18. Bidders certifies that a quarte format, by claim number, typ paid. The Report must list all procedure performed with co being completed. The report	erly report will be provided, in Excel e and date of services provided, bill referrals received with current statumplete billing information or reason must also include a record of all reqf any, as per the contract or NYS reg	ed and is including for not uests not
	_	a non-disclosure agreement (herein tached as Attachment 3. The NDA v been issued to the Bidder	
	diagnostic examination or tes Bidder will refund to NYSIF th	work provider is paid directly by NYS t that was scheduled through the Bi ne difference, if any, between the ar ider and the Bidder's contracted fee	dder, the mount paid