

**OnPoint Provider Network
Electronic Medical Record (EMR) Attestation**

OnPoint encourages the use of electronic medical records (EMR) to document and store records of service delivery. Records should be such that back up the billing/claim submitted.

Provider agrees to document service delivery in the following manner and shall meet associated standards as identified in OnPoint policy 713 (check only one):

<input type="checkbox"/>	Provider elects to utilize an Electronic Medical Record (EMR) of their choosing. Provider agrees to upload service documentation into OnPoint's Electronic Medical record prior to submitting the claim.
<input type="checkbox"/>	Provider elects to utilize OnPoint's Electronic Medical Record (EMR) and understands there may be a charge for this service. If the provider is a Designated Collaborating Organization (DCO) with OnPoint, the provider will be required to utilize OnPoint's EMR for the services included in the DCO arrangement.
<input type="checkbox"/>	Provider has submitted a waiver which has been reviewed and approved by Chief Administrative Officer, or designee, and attached to this document. Provider agrees to upload service documentation into OnPoint's Electronic Medical record prior to submitting the claim.

I acknowledge that I have read the OnPoint Network Provider Electronic Medical Record Use and Documentation policy and will notify OnPoint if we make a change to our EMR practices, including those who have separated from our organization that may need to be removed from accessing OnPoint's EMR. I pledge to educate staff and others within my organization on appropriate usage of OnPoint's electronic medical record and will report potential concerns or misuse to OnPoint IT department and contract point person as soon as a potential concern is noted. It is noted that a violation of OnPoint policy may result in contract sanctions and/or contract termination.

Contract Provider Owner/CEO/Director (please print) Title (please print)

Organization

Signature

Date