

**CERTIFICATION  
OF AUTHENTICITY OF  
RECORDS**

***Pursuant to O.C.G.A. § 24-7-20:***

The undersigned hereby certifies that the information contained in the record described was generated from the Medicaid Member Information System (MMIS) during the regular course of business of the Georgia Department of Community Health.

**Description of documents/information:**

*Medicaid claims history (medical and/or pharmacy) for Medicaid Member MEMBER NAME.*

**Total Volume:**

*1 CD containing a password protected MS Excel spreadsheet of the claims history*

This \_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
NOTARY PUBLIC (Signature) & SEAL

My commission expires: