

OFFICE OF THE CHILD'S REPRESENTATIVE
OCRWEB BILLING POLICIES & PROCEDURES
AFFIDAVIT

Name:

Firm:

E-mail Address:

Phone Number:

By signing this affidavit, the undersigned certifies they have reviewed the Billing Webinar Training, OCR Payment Policies and Procedures, Chief Justice Directive 04-06, and any other subsequent directives and understands that payment may be adjusted for items that do not comply with any of the afore mentioned items. The undersigned understands they are responsible for verifying all information submitted to the OCRWEB is true and accurate. Submission of an inaccurate bill may result in an audit of previous bills, probation, and/or termination.

Signature

Date