



(DBHDD) Provider manual definition of Medication Assisted Treatment located at: <http://dbhdd.org/files/Provider-Manual-BH.pdf>.

I understand and acknowledge that the policies and procedures manuals are amended (generally on a quarterly basis ) when either Department finds it necessary or appropriate to do so, and that it is my responsibility to check periodically for any revisions pertaining to the delivery of or reimbursement for services rendered to eligible individuals.

I further understand that failure to abide by either DBHDD or DCH policies and procedures will result in adverse consequences including, but not limited to the denial of payment, termination of contract, and reduction of reimbursement.

I certify and attest that I have reviewed the entire contents of the completed application and that the information provided is accurate and complete. I understand that inaccurate, incomplete or omitted data may lead to adverse consequences including, but not limited to the denial of payment, termination of contract, and reduction of reimbursement.

I attest that my program will share patient program data as requested by CareLink or DBHDD. I certify and attest that my program is not currently a recipient of grant funding from any other DBHDD grant for MOUD treatment services.

I hereby declare under penalty of perjury that the foregoing is true and correct. I do hereby affirm that I am the authorized agent to complete this document, and that information contained herein this document is complete, true, and correct to the best of my knowledge. I understand that material misrepresentation and/or falsification of any information contained herein shall result in the immediate removal of further consideration for participation.

Executed on 13th Feb, 2025 in Toccoa (city), GA (state).

Carl W. Smith MD  
Signature of Authorized Officer or Agent

Carl W. Smith MD Medical Director, Pittard Clinic  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 13th DAY OF Feb, 2025.

NOTARY PUBLIC

My Commission Expires: 06/06/2028

