

Exhibit 1

CHILDREN'S HOSPITAL VERIFICATION OF AGE  
FOR ELIGIBILITY

<Date>

<Provider Name>

<Provider Contact>

<Provider Contact Title>

<Street Address>

<City, State Zip Code>

RE: <Provider Name, Provider Number>

Review of Excluded Children's Hospital under PPS

Fiscal Year Ending - <XX/XX/XX>

An annual certification is required of all providers excluded from payment under PPS. For your facility to meet the definition of an excluded children's hospital, the criteria outlined in PRM 15-I, Section 3001.3 must be met. PRM 15-1, Section 3001.3 states "A hospital is an excluded children's hospital if it has in effect an agreement to participate as a hospital, and the majority of its inpatients in the most recent cost reporting period are individuals under the age of 18." To facilitate this certification review, please complete the following information:

**Changes (have/have not) occurred during the most recently completed fiscal period which will affect the above-listed facility to continue (to meet/to not meet) the criteria as outlined in PRM 15-I, Section 3001.3.**

**List changes below:**

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**Complete the section below using data from the most recently completed cost report period.**

**Patient data breakdown by age group:**

**1 day to 17 years** \_\_\_\_\_

**18 years and older** \_\_\_\_\_

\_\_\_\_\_ **100% of all patients**

\_\_\_\_\_  
**(Authorized Signature)**

\_\_\_\_\_  
**(Please Print Name & Title)**

\_\_\_\_\_  
**(Date)**

Please sign and return to us a completed copy of this attestation form with your current cost report filing.

Thank you for your cooperation and prompt reply.