County _____

AFFIDAVIT OF PROVIDER
NON-COLLUSION

Member Name			
	Last	*First*	*Middle*
Medicaid #			

STATE OF OKLAHOMA)
) ss
COUNTY OF _____)

_____, of lawful age, being first duly sworn, on oath says:

1. (s) he is the duly authorized agent of _____, the bidder submitting the competitive bid which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and AD*vantage* Program officials or employees, as well as facts pertaining to the giving or offering of things of value to AD*vantage* Program Case Managers or AD*vantage* Program Administrative personnel in return for special consideration in the letting of any contract pursuant to the bid to which this statement is attached;

2. (s) he is fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such bid; and

3. neither the bidder nor anyone subject to the bidder's direction or control has been a party:

   a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,

   b. to any collusion with any AD*vantage* Program Case Management official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor

   c. in any discussions between bidders and any AD*vantage* Program Administrative or Case Management official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

_____
Signature

Subscribed and sworn to before me this _____ day of_____, _____.

_____ My commission expires:_____
Notary Public (or Clerk or Judge)