



Conflict of Interest, & Financial Incentive Statement Agreement

Health Services Department

This Affirmative Statement is made this ____ day of _____, 20__ by _____ (“Employee”) employed by Astrana Health under Health Service Department, affirms that Astrana Health encourages appropriate utilization based on the medically necessity of all members and discourages under-utilization of services. UM decision-making is based only on appropriateness of care and services and existence of coverage. ASTRANA HEALTH does not reward health care professionals for issuing denials of coverage or service care. Providers and practitioners are not prohibited from acting on behalf of the member. Physicians cannot be penalized in any manner for requesting or authorizing appropriate medical care. Astrana Health assures practitioners the independence and impartiality in making referral decisions that will not influence hiring, compensation, termination, promotion or any other similar matter. Financial incentives for Utilization Management (UM) decision makers do not encourage decisions that results in under-utilization.

Employee Name: _____ Specialty/Title: _____

Employee Signature: _____ Date: _____