Attachment 2. Average Contracted Rate Data Worksheet

The [filer], being fully authorized to execute on behalf of the health care service plan or delegated entity, certifies under penalty of perjury pursuant to the laws of the State of California as to this filing and any other electronically submitted required filing and each exhibit and attachment thereto, that the [filer] knows the contents thereof and that the statements therein are true and correct.

1. Entity Name:	Plan 1				
			Payment Category 1	Payment Category 2	Payment Category 3
			2. [Insert Description]	**2.** [Insert Description]	**2.** [Insert Description]
3. Entity-Defined Region	**4.** Procedure Code	**5.** Modifier (If Applicable)	**6.** ACR	**6.** ACR	**6.** ACR