

Gender-Affirming Services - Attestation Form



- ☐ I voluntarily affirm that the below Provider / Group provides gender affirming services and that PHC California can display said affirmation in their provider directory.

Provider Name: _____

Provider Specialty Type(s): _____

Provider Email Address: _____

Provider Phone Number: _____

Provider / Group Name: _____

Provider / Group 10-digit NPI Number: _____

Provider / Group TIN Number: _____

Signature

Date

Please submit completed form to **Gender-AffirmingServices@ahf.org**.