

**Acknowledgment of Receipt of Determination of Need and  
Attestation Regarding Participation in MassHealth**

Pursuant to 105 C.M.R. § 100.310(A)(2) we, the undersigned president and board chair of  
Atrius Health, Inc. (the "Holder"), hereby acknowledge that the Holder is in  
receipt of the Determination of Need Notice of Final Action, dated April 28, 2023, issued by  
the Massachusetts Department of Public Health (the "Department") with respect to Application  
No. -22101711-RE. This attestation is being provided to the Department and  
to all Parties of Record within thirty (30) days of the Determination of Need Notice of Final Action.

In addition, pursuant to 105 CMR 100.310(A)(11), we hereby attest that Atrius Health, Inc.  
(the Health Care Facility or Facilities for which the Notice of Determination has been issued) participates  
in MassHealth pursuant to 130 CMR 400.000 through 499.000.

IN WITNESS WHEREOF, the undersigned have duly executed this Attestation on this May 11, 2023 (date)



By President



By its Board Chair