



**Medicare Parts C and D Fraud, Waste and Abuse Training  
2015 ATTESTATION FORM**

**Submission Deadline:** Due by April 29, 2016

**Attestation Submission Instructions**

If the parent office is also submitting attestations on behalf of their satellite offices, please list each office and National Provider Identifier (NPI) and/or Tax identification (ID) number (TIN) for which you are submitting the required information. If more rows are needed, copy this page and submit additional pages as needed.

Complete and submit this form via secure fax, or scan and email it as follows:

Fax Number	Email Address
(888) 927-1834	ProvServicesOps@healthnet.com

Submitting Organization Name: \_\_\_\_\_  
(if other than participating physician group (PPG), independent practice association (IPA) or medical group)

Date Submitted: \_\_\_\_\_

PPG/IPA/medical group (First-Tier Entity) name, and NPI and/or TIN: \_\_\_\_\_  
\_\_\_\_\_

PPG/IPA/Medical Group Name	NPI/TIN	Parent/Satellite
		<input type="checkbox"/> Parent <input type="checkbox"/> Satellite
		<input type="checkbox"/> Parent <input type="checkbox"/> Satellite
		<input type="checkbox"/> Parent <input type="checkbox"/> Satellite
		<input type="checkbox"/> Parent <input type="checkbox"/> Satellite
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		<input type="checkbox"/> Parent <input type="checkbox"/> Satellite



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2015 ATTESTATION FORM, continued

As a first-tier entity of Health Net, \_\_\_\_\_
(name of the organization) is attesting to either of the following:

- All applicable employees have completed the Fraud, Waste and Abuse training as required in regulation 42 CFR 422.503(b)(4)(vi)(C)(1). I understand that Health Net and/or the Centers for Medicare & Medicaid Services (CMS) may request additional information to substantiate the statements made in this attestation.
□ The entities listed on the previous page are deemed to have met the FWA training and education requirements due to their enrollment in Medicare Parts A or B, or have accreditation as a supplier of durable medical equipment, prosthetics, orthotics, and supplies (DME-POS). I understand that Health Net and/or the Centers for Medicare & Medicaid Services (CMS) may request additional information to substantiate the statements made in this attestation.

First-Tier Entity Principal Officer with Contract Signatory Authority:

Print Name Title

Signature

First-Tier Entity Compliance Contact Name (if different than signatory) Title

First-Tier Entity Compliance Contact Email

First-Tier Entity Compliance Contact Telephone