

Medicare Advantage - Prescription Drug Fraud, Waste, and Abuse Training Attestation Form

I attest that I have completed Fraud, Waste, and Abuse training as mandated by the Centers for Medicare & Medicaid Services (CMS):

CHECKONE:

I reviewed the Community Health Plan Fraud, Waste, and Abuse presentation on:

(Month/Day/Year)

OR

____ Health Plan on

(Month/Day/Year)

I understand that CMS and/or health plans may request additional information to substantiate the statements made in this attestation.

Please submit the following information which is required for tracking purposes

First Name:	
Last Name:	
or Group Name:	
Address:	
City:	
State:	Zip Code:
Phone Number:	
NPI Number:	
License Number:	

Health Plan Submission Information

(Completed forms may be submitted via mail, email or by facsimile transmission.)

Community Health Plan Attn: Compliance Officer 720 Olive Way, Suite 300 Seattle, Washington 98104 Fax: 206-652-7020 Email: Compliance.Officer@chpw.org