2019 Fraud, Waste & Abuse Training Attestation Statement

organization,	am the authorized representative of my having responsibility board members, officers, contracted personnel, contracted ub-contractors and vendors affiliated with my organization who have licare business, have completed a Medicare Fraud, Waste & Abuse tenters for Medicare & Medicaid Services (42 CFR § 422.503(b)(4)(vi)(C),
§423.504(b)(4)(vi)(C)).	
I certify that the training consisted of the Fraud, Waste & Abuse General Training	he learning points listed below and has fulfilled the 2019 requirement for g.
Fraud, Waste & Abuse Training Learni	ng Points
abuse to your employer's comp 2. Describe your protections as an 3. Explain the general federal hea 4. Identify the most prevalent for medically unnecessary services 5. Identify various types of enroll 6. Identify your organization's hear reporting fraud 7. Describe the consequences for Medicare organizations providing Medicare Part program. We ask than an authorized in	lee fraud alth care fraud policies and procedures, and explain the procedure for
Signature	Date
TIN	

Please maintain copies of all training related documentation for the required record retention period of 10 years.

NPI