



Triad Healthcare, Inc. ▶ 80 Spring Lane ▶ Plainville, CT 06062 ▶ P: 800.550.0540 ▶ F: 888.844.6645

NETWORK PROVIDER - ATTESTATION OF TRAINING COMPLETION Medicare Advantage - Prescription Drug Fraud, Waste, and Abuse Training

Instructions: Please complete #1 and #2; sign and date the form at the bottom and return by fax (or mail at the address or fax number provided above; or if taking the class onsite at Triad via computer or classroom instruction, please submit to the designated instructor after class completion.

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

1. CHECK ONE & COMPLETE INFORMATION:

I have received training and education provided by Triad Healthcare, Inc. (via computer or classroom instruction) on _____.
(Month/dd/yyyy)

I reviewed training and education offered by another Medicare Advantage and Part D sponsor or another training source indicated below on _____.
(Month/dd/yyyy)

Medicare Advantage and Part D Sponsor or Other Training Source:

Organization Name: _____

Organization Address: _____

2. COMPLETE ALL APPLICABLE FIELDS BELOW (REQUIRED FOR TRACKING PURPOSES):

Name: (Please Print) _____

Employer/Business: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

NPI Number: _____

License Number: _____ TIN: _____

(Signature)

(Date)