



**2018 Training Attestation
Fraud, Waste and Abuse (FWA), Cultural Competency, General Compliance Training
and Model of Care (MOC)**

I certify that I am an authorized representative of my organization with direct or indirect responsibility over all employees, Board of Directors, officials, contracted personnel, providers/physicians, hospitals, contractors, subcontractors, and vendors subscribed in my organization, who have direct or indirect contact with Medicare businesses. I certify that I have received from MMM of Florida, Inc. the CMS standardized General Compliance and FWA training modules, the presentation Integrating Compliance and Model of Care within MMM of Florida and Cultural Competency training module.

I certify that these documents will be used without modification and will be distributed to all employees and sub-contractors at the time of hiring/contracting, and annually thereafter. I certify that I will maintain records for at least 10 years after training completion and will disclose them to MMM of Florida, Inc. upon request. Please complete the following information. If you do not complete this section, your attestation will be deemed incomplete and you will be out of compliance with the requirements.

Group Practice / Staff Model

Facility/Group: _____	Billing NPI: _____
1. Practitioner Name _____	Rendering NPI: _____
2. Practitioner Name _____	Rendering NPI: _____
3. Practitioner Name _____	Rendering NPI: _____
4. Practitioner Name _____	Rendering NPI: _____
5. Practitioner Name _____	Rendering NPI: _____
6. Practitioner Name _____	Rendering NPI: _____
7. Practitioner Name _____	Rendering NPI: _____
8. Practitioner Name _____	Rendering NPI: _____
9. Practitioner Name _____	Rendering NPI: _____

Signature of Authorized Representative

Date

Please email this form to: Providers@mmm-fl.com
You can also mail this to: MMM of Florida, Inc.
Compliance Department
5775 Blue Lagoon Drive – Ste 450
Miami, FL 33126