



**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 subcontractors 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](mailto:Providers@mmm-fl.com)  
 You can also mail this to: MMM of Florida, Inc. Attention: Compliance Department  
 5775 Blue Lagoon Drive, Suite 450 | Miami, FL 33126