

ATTESTATION FOR COMPLETION OF FRAUD, WASTE, AND ABUSE TRAINING

As a first tier, downstream, or related entity, _____ (“My Organization”) attests that it has administered
(Legal Entity Name)
appropriate education and training to identify, correct, and prevent potential fraud, waste, and abuse.

Please select the method of education and training that your organization chose to comply with the requirement:

- Completed the training and education provided by **PrimeWest Health**
- Conducted our own education and training per Title 42 Code of Federal Regulations (CFR) Part 422.503(b)(4)(vi)(C) or 423.504(b)(4)(vi)(C)
- Took training and education through another Medicare Advantage and/or Part D Sponsor

By signing below, My Organization attests that it has completed appropriate education and training to identify, correct, and prevent potential fraud, waste, and abuse and, upon request, My Organization will provide PrimeWest Health with training logs to validate that training was completed. In addition, My Organization will obtain attestations from other entities that provide health, prescription, and/or administrative services on behalf of PrimeWest Health members and, upon request, obtain training logs to verify that fraud, waste, and abuse training was completed by those entities.

Print name of organization representative

Organization

Representative’s title

Signature

Date signed

Return this form to PrimeWest Health by fax to 1-320-762-8750, Attn: Rebecca Fuller; by e-mail to rebecca.fuller@primewest.org; or by mail to Attn: Rebecca Fuller, PrimeWest Health, 2209 Jefferson St, Ste 101, Alexandria, MN 56308.