

FirstPlan® | Attestation of Training Completion

As a first tier, downstream or related entity, _____ (Organization Name) attests that it has administered appropriate education and training to detect, correct and prevent potential fraud, waste and abuse, as required by the final rule issued in the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program on December 5, 2007.

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

- Reviewed this training and education provided by FirstPlan of Minnesota.
- Reviewed training and education provided by another Medicare Advantage and Part D sponsor or another source, _____ (Organization/Source Name)

By signing below, you attest that your organization will furnish training logs and certifications from downstream entities upon request to your local Plan Sponsors to validate that training was completed. This attestation is valid through Dec. 31 of the calendar year.

Name: _____

Title: _____

Signature: _____

Date: _____

Organization Number: _____

Tax ID: _____

Street Address: _____

City, State, Zip Code: _____

Please sign and return by FAX (218) 727-7247, or mail to:

FirstPlan
Attn: Ryan
525 S. Lake Ave, Suite 222
Duluth, MN 55802