



NEW WEST MEDICARE
MEDICARE SIMPLIFIED

Attestation of Training Completion

Medicare Advantage - Prescription Drug Fraud, Waste and Abuse Training 2010

- As a first tier, downstream or related entity, _____ (Name of Organization) attests that it has conducted appropriate education and training to identify, correct and prevent potential fraud, waste and abuse, as required by the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program.
- 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 New West Health Services

Reviewed training and education provided by _____ (Name of MA/Part D sponsor or another source).

By signing below, you also attest that your organization will furnish training logs upon request to New West Health Services or other MA/Part D Plan to validate that training was completed.

Print Name

Organization Name

Title

Tax ID

Signature

Street Address

Date

City, State, Zip

FOR FACILITY OR OFFICE USE ONLY,
NOT FOR PROFESSIONAL PROVIDERS

REV. 10/14/2009 Please sign and return by
fax (406) 457 2299 or Mail to: New West
Health Services, 130 Neill Ave, Helena, MT
59601.