

## 2009 Fraud, Waste and Abuse Training Attestation

*As required by the centers for Medicare & Medicaid Services (CMS) all employees, contractors and offices of organizations providing Medicare Part C and D services must complete a Fraud, Waste & Abuse ("FWA") general training program. An authorized individual from your organization must attest to the completion of this requirement below.*

**Please Print In The Spaces Below:**

Organization/Entity:

Address:

City:

State:

Zip:

Phone Number:

E-mail:

**Please Read And Sign Below:**

I hereby certify, as the authorized representative having responsibility in my organization directly or indirectly for all employees, contracted personnel, providers/practitioners, and vendors providing health care or administrative services under Medicare Part C and/or Part D, FWA compliance training that meets or exceeds the minimum CMS requirements has been completed.

Dates of Training:

Signature:

Date:

Printed Name:

Title:

**This form is due by Monday, February 1st, 2010**

You may choose one of the 3 options below to return this form to Welborn Health Plans

Mail to: Welborn Health Plans  
ATTN: Medicare Department  
101 S.E. Third Street  
Evansville, IN 47708

FAX to: Medicare Department  
716-541-6365

Email to: MedicareDept@welbornhealthplans.com