

ATTESTATION OF TRAINING COMPLETION

Medicare Advantage and Prescription Drug Fraud, Waste and Abuse Training 2009

As a first tier, downstream or related entity, ATC Healthcare Services, Inc. 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 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 the training and education presentation provided by CareGuide.
- Reviewed training and education provided by _____ (Name of Organization).

Please state the date training was completed in 2009: _____

By signing below, you also attest that your organization will furnish training logs upon request to CareManagers Inc. or Plan Sponsors to validate that training was completed.

Print Name

Organization Name

Title

Tax ID

Signature

Street Address

Date

City, State, Zip Code

Please sign and return to bschreiber@caremanagers.com or fax to 732-819-7221.