



**DARBOUZE, LLC**

*Phone: 856-200-3522/ Fax: 856-242-2955*

**INDEPENDENT CONTRACTOR MEDICAID FRAUD/WASTE/ABUSE EDUCATION  
ACKNOWLEDGMENT FORM**

I acknowledge reading the definition of fraud/waste/abuse according to CMS Government standards. I acknowledge understanding that DARBOUZE, LLC has zero tolerance for fraud/waste/abuse and will investigate, report and prosecute to the full extent of the law. DARBOUZE, LLC will never knowingly submit fraudulent claims, but if it is determined that a contractor submitted fraudulent claims; DARBOUZE, LLC will return the money to Medicaid and seek damages from the contractor.

The contractor will not be paid any services where fraud is suspected.

\_\_\_\_\_  
Independent Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Independent Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
DARBOUZE, LLC Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DARBOUZE, LLC Witness Title

\_\_\_\_\_  
Date

255 Broad Street, Bloomfield, NJ 07003 (North Jersey)  
The Presidential Center, 101 Route 130 South, Madison Building, Suite 300,  
Cinnaminson, NJ 08077 (South Jersey)