

 ProSource

MSO, LLC

# COMPLIANCE TRAINING ATTESTATION

I attest that:

Our office(s) has completed the required compliance trainings as mandated by CMS such as; Fraud Waste and Abuse, Health Insurance Portability and Accountability Act and Standards of Conduct . Our office also, has a process in place to screen existing employees, officers, and vendors against the OIG/GSA Excluded Persons Lists prior to hire/contract, and monthly thereafter.

I certify that our office(s) and staff have completed the required compliance trainings listed below.

* 2019 CMS FWA/ HIPPA, Medicare General Compliance Training
* OIG/GSA Excluded Persons Lists: New Hire & Monthly Verification
* Model of Care Training

For any Compliance related incidents please contact us directly at (562) 484-9144, or JGaray@prosourcemso.com

***Practice/Group Information***

## IPA Name: Group/Office Name: NPI# Office Location: Office Location:

**\*\*Include all Physicians in your office\*\***

**Physician**: **Physician: Physician: Physician: Physician: Physician:**

**By signing this form, I acknowledge that I have reviewed and understand the statement above**.

## Name (Please Print): Title:

**Signature: Date:**

**Please fax this completed form to (714) 948-8981 or E-mail to: JGaray@ProSourceMSO.com**