California Pacific Physicians Medical Group, Inc.

C/O: HealthSmart Management Services Organization, Inc.

Mailing: Post Office Box 6300, Cypress, CA 90630-6300 Phone: (714) 947-8600; Fax: (714) 947-8708

HIPAA, General Compliance, and Fraud, Waste, and Abuse Training

The mandatory annual trainings **must be completed on or before Friday, November 16, 2018.** Please attest below and fax back or by email.

To complete the training, please log onto **our website at <u>www.healthsmartmso.com.</u>** The trainings are listed under **Fraud. Waste. and Abuse & General Compliance Training**

listed under Fraud, Waste, and Abuse & General Compliance Training	
Date of Completed Training:	
Provider Name (Print Full Name):	
Provider NPI:	
Provider Signature:	
Email Address:	
Office Manager (Print Full Name)	
By signing this attestation, your office has ackneecessary trainings listed below.	nowledged that all the appropriate staff have taken the
*As a reminder, all staff who have contact	with or support patients must complete the mandatory training.
By checking the box(s) you attest you have co	mpleted the required trainings:
☐ 1. HIPAA Training 2018	
☐ 2. Combating Medicare Parts C and Training	D Fraud, Waste, and Abuse & General Compliance
☐ 3. HIPAA Training 2018	
Please Fax Attestation to (714) 947-8708 or	via email to Felicia Dinh at fdinh@healthsmartmso.com
We thank you for your continued support and լ	providing quality care to the members.
California Pacific Physicians Medical Group	o, Inc.

Provider Services Department 11/6/2018