

Southland Advantage 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 within ten (10) days of receipt**. Please attest below and fax back or by email.

To complete the training, please log onto **our website at www.healthsmartmso.com**. The trainings are 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 acknowledged that all the appropriate staff have taken the necessary trainings listed below.

1. HIPAA Training
2. Combating Medicare Parts C and D Fraud, Waste, and Abuse
3. General Compliance Training

**As a reminder, all staff who have contact with or support patients must complete the mandatory training.*

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 providing quality care to the members.

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