

## Healthy New Life Medical Corporation

C/O: HealthSmart Management Services Organization, Inc.

Mailing: Post Office Box 6300, Cypress, CA 90630-6300

Phone: (714) 947-8600; Fax: (714) 947-8708

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### **ANNUAL COMPLIANCE TRAININGS**

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](http://www.healthsmartmso.com)**. The trainings are listed under **Required Trainings: 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. Industry Collaboration Effort (ICE) Health Care Fraud and Abuse
  - False Claims Act
2. ICE General Compliance
3. Health Insurance Portability & Accountability (HIPAA)
4. Compliance Program Standards of Conduct/Code of Conduct
5. Access and Availability Standards

*\*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 Provider Services at [providerservice@healthsmartmso.com](mailto:providerservice@healthsmartmso.com).**

We thank you for your continued support and providing quality care to the members.

**Healthy New Life Medical Corporation**