

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

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**. 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
6. Please provide what Electronic Medical Record System (EMR) and or Clearing House (if applicable). Insert information below:

Electronic Medical Record System (EMR)	Clearing House (if applicable)

**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.

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

Healthy New Life Medical Corporation