IMPERIAL HEALTH PLAN OF CALIFORNIA

IMPERIAL INSURANCE COMPANIES

COMPLIANCE, FWA, HIPAA, SNP MODEL OF CARE TRAINING ATTESTATION FORM 2023

The below provider/entity acknowledges that the Imperial Insurance Companies, Inc. Compliance Training and Education, which includes training on Compliance, FWA, HIPAA and IIC SNP Model of Care (MOC)training, has been accessed via https://www.imperialhealthplan.com located and read under the Provider section. It is understood that it is a network providers' obligation to read and become familiarize with these trainings and follow regulatory requirements.

By signing the below, the signor is certifying that the contents of the referenced materials below have been reviewed and agree to abide by all regulatory requirements and processes outlined in these documents.

☐ Initial Training	☐ Annual Training
☐ General Compliance training	
☐ Fraud Waste and Abuse training	
☐ HIPAA training	
☐ SNP Model of Care (MOC) training	

Please Print:

Organization/Practice Name: _____

Group NPI: _____

Physician Name: _____ NPI: _____
Physician Name: _____ NPI: _____
Physician Name: _____ NPI: _____
Physician Name: _____ NPI: _____

(If necessary, please attach additional sheets, including organization/practice name, group NPI, physician name and NPI)

By signing this form, I attest that the forementioned trainings have been received, reviewed. I acknowledge all information and obligation of compliance are understood.

Print Name: _____
Signature: _____
Title: _____
Date: _____

Please return completed, signed attestation by fax to the attention of Provider Network at 626-689-4230.