



## Attestation Form

I attest the Provider Training materials have been downloaded from the IMS MSO website <https://imsmsso.com/provider/#compliance-training> and reviewed.

I certify that our office(s) and staff have received and understand the documents listed below.

Please check (✓) **all** the following boxes below to confirm receipt and completed the annual training:

- Code of Conduct Compliance Policies (COC)
- Fraud Waste and Abuse Training (FWA)
- General Compliance Training Material
- HIPPA Training
- Cultural Competencies and Linguistics Training
- Confidentiality Agreement
- Model of Care Training (MOC) for the following Health Plans:

\_\_\_\_\_

Group Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Have a Compliance Concern? Email IMS MSO Management at:  
[compliance@imsmsso.com](mailto:compliance@imsmsso.com)

Sincerely,

Provider Relations

The Attestation Form may be scanned and e-mailed to [providerrelations@imsmsso.com](mailto:providerrelations@imsmsso.com) or faxed to 323-741-5230.