



**Re: ATTESTATION OF COMPLETION
ANNUAL MODEL OF CARE TRAINING**

Annual Model of Care (MOC) training is a CMS Regulatory requirement. By signing below, you are attesting to the fact that this training has been reviewed by you.

Please complete the information below and return/email this form to your Provider Relations Representative within 30 days of this training.

If you have questions, our Provider Relations Representatives are available to assist you:

Monday – Friday, 8 a.m. to 4 p.m. MST at (505) 837-8800.

Group Name: _____

Group Tax ID: _____ Group Phone: _____

Group Address: _____

City: _____

State: _____ Zip: _____

Provider Phone: _____

Training Completed

Signature: _____ Date: _____

Printed Name: _____

Title: _____