



Attestation Fraud, Waste and Abuse Training

In order to comply with the Centers for Medicare and Medicaid Services' (CMS) requirement, I attest that I have completed Fraud, Waste and Abuse training in 2009 through **SummaCare Inc.** on _____.
(Month/Date/Year)

Office Name

Office Address

Office Phone

Office Fax

Your Title

Your Name *(Please Print)*

Your Signature

Today's Date

Please print and sign this attestation form and fax (330-996-8490) or mail: Po Box 3620 Akron OH 44309 the form to SummaCare -Provider Support Services.