

Compliance Training Attestation-Medicare Shared Savings

Practice Name: _____

Practice TAX ID# _____

Date: _____

The staff from this MSSP practice attest that we have attended the Arvon CIN Compliance Training and reviewed the Compliance Program information for the Medicare Shared Savings Program. We understand that it is our responsibility to report all actual or potential non-compliance issues to the compliance officer or to the confidential Trust Line.

Arvon CIN Confidential Compliance Hotline-Trust Line: 800-805-2283

Arvon CIN Compliance Officer: Patrice Gray patrice.gray@corewellhealth.org

Compliance information located on: <https://www.arvon-cin.org/about-us/compliance>

Practice Attestation Lead Provider Printed Name	Lead Provider Signature

Please return to Arvon CIN via arvoncin@corewellhealth.org or fax: 947-522-0038 (Attn: MSSP Compliance)