



101 Poor Farm Road, Unit B, Princeton, NJ 08540

SPECIAL NEEDS PLAN MODEL OF CARE TRAINING ATTESTATION

From:

First Name	Last Name	Practice Name
Address		
City	State	ZIP

Instructions: After completing the 2020 Special Needs Plan (SNP) Model of Care (MOC) provider training for EmblemHealth, fill out this form and either fax or mail it as indicated below.

- Fax **855-685-6250**
- EmblemHealth Return Mail Center
101 Poor Farm Road, Unit B
Princeton, NJ 08540

If you are completing this attestation on behalf of a group practice, please list each participating practitioner in the group below. Or attach a spreadsheet with the following information (*Note: Listing additional practitioners does not constitute network participation.*):

FIRST NAME	LAST NAME	DEGREE	ORGANIZATION TIN	INDIVIDUAL NPI

I hereby attest the providers listed above have completed the 2020 EmblemHealth Special Needs Plan (SNP) Model of Care (MOC) training. I understand this is required by the Centers for Medicare & Medicaid Services (CMS). I declare the above statement is true and accurate to the best of my knowledge. Additionally, this will confirm I hold the authority to make these attestations.

Required Attestation

Information completed by: _____
First Name (Please print) Last Name (Please print) Date

Signature: _____

Relationship to above-named provider (e.g., self, office manager, nurse, other): _____

Phone number, if different than practice office: _____