



FROM



pa health
& wellness™

2021 Medicare Model of Care (MOC) Training Attestation Form

☐

I hereby attest Providers in our office have completed the Allwell from PA Health & Wellness 2021 Model of Care annual Provider training.

Please email completed form to ProviderTraining@pahealthwellness.com

Name of Individual Completing Attestation: _____

Group or Practitioner Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Tax ID Number(s) - Please include all Tax ID Numbers that you are representing when completing this form:

Please email completed form to ProviderTraining@pahealthwellness.com

We look forward to working with you, this year and beyond, to provide the quality coverage, service and care our members — and your patients — deserve.