

MDwise Medicare Model of Care Training Attestation Form

Due Date: 12/15/2021

The following Provider(s) attest to completing the MDwise Medicare 2021 Model of Care Training:

Office Name:			
Office Address:			
Office Phone:			
Office Manager Name:			
TIN:			
Provider Name	Provider NPI	Date of Completion	Provider Signature

Return this form to MDwise, no later than 12/15/2021:

- Email to Provider Relations at prenrollment@MDwise.org

If you have any questions, please call 317-822-7300 ext. 5800 or your assigned MDwise Provider Services Representative.