



Medicare Fraud Waste and Abuse Attestation

By signature on this form, I attest that I (or my organization) have completed Fraud, Waste and Abuse Training as mandated by the Centers for Medicare & Medicaid Services (CMS).

Please email this completed form to:
SWHPComplianceDepartment@BSWHealth.org

Enter source of training
(specify one of the
following): 1. SWHP Online;
2. CMS Approved Online
Training; 3. Other Training
that Meets CMS
Requirements

Date Training Completed

Group Name

Name

Specialty

NPI Number(s)

TIN

Address

City

State

ZIP Code

Phone Number

Email Address

Electronic Signature
(Required)

Please submit this form to SWHPComplianceDepartment@BSWHealth.org, and also attach any additional proof documents.