



## Attestation of Completion: Model of Care Training

Annual MOC training is a CMS Regulatory requirement. By signing below, you are attesting to the fact that this training has been reviewed by you or by you on behalf of the providers listed below. Please complete and return by December 31<sup>st</sup>.

Providers can mail completed attestations to:

Louisiana Healthcare Connections  
8585 Archives Ave, Suite 310  
Baton Rouge, LA 70809

If you have questions, please call your dedicated Allwell Provider Consultant or Provider Services at 1-866-595-8133.

Training Completion Date: \_\_\_\_\_

Provider Name(s): \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Provider Tax ID(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_