



ATTESTATION FORM

Please review the Compliance Training requirements:

By signing below, I am certifying I have reviewed the contents of the referenced materials below, and agree to abide by all regulatory laws and procedures as outlined in these documents.

- Agilon Code of Conduct
• Agilon Compliance Training
• CMS Combating Medicare Parts C and D Fraud, Waste, and Abuse
• CMS Medicare Parts C and D Compliance Training

I attest that I have received and reviewed with my staff and providers and will report any/all suspected violations to the Agilon Health Compliance Officer.

PRINT NAME: _____

SIGNATURE: _____

PROVIDER OFFICE: _____

Date: _____

**Please check box below with the groups you are affiliated to:

Grid of checkboxes and logos for CalCare IPA, Los Angeles Medical Center IPA, FirstChoice, Sequoia Health IPA, and Vantage Medical Group.

Compliance Hotline: (833) 668-8638 or Email: complianceAH@agilonhealth.com