



**GENERAL COMPLIANCE AND FWA TRAINING ATTESTATION**

I hereby certify that:

- I am a contracted provider with Brown & Toland.
- I, and all of my employees that support Brown & Toland Medicare Advantage business, have completed the CMS General Compliance and FWA Training that is posted on Brown & Toland's website (<https://www.browndtoland.com/cms-general-compliance-fraud-waste-and-abuse-training>) within 90 days of my contract effective date. I further agree that I, and all my employees that support Brown & Toland Medicare Advantage business, will complete such training on an annual basis thereafter.
- I will maintain this attestation for a period of 10 years after completion of training for myself and all employees supporting Brown & Toland Medicare Advantage business.

FDR Name: Brown & Toland Physicians

Provider Name: \_\_\_\_\_

Date CMS General Compliance/FWA Training Completed: \_\_\_\_\_