



**Medicare Advantage - Prescription Drug
Fraud, Waste and Abuse Training Attestation Form**

Coventry Health Care Fraud, Waste, and Abuse training was completed as mandated by the Centers for Medicare & Medicaid Services (CMS).

The Coventry training was completed on _____
(Month/Day/Year)

I understand that CMS and/or Medicare Advantage Plan Sponsors may request additional information, including training logs for staff, to substantiate the statements made in this attestation.

Please complete the following information

Name (Last, First)			
Address			
City			
State		Zip Code	
Phone Number			
NPI Number OR License Number			