

Attestation of Provider Training

By signing below, I attest that I have received materials and training on the following subjects as they relate to Community Health Center Network and its contracted health plan partners, Alameda Alliance for Health and Anthem Blue Cross.

- Access to Care Appointment Standards
- Care Neighborhood
- Cultural Humility
- Electronic Consult Program
- Fraud, Waste and Abuse
- Getting to the Heart
- Member Grievances
- Member Rights and Responsibilities
- Quality Management and HEDIS Measures
- Interpretive Services
- Transportation Services
- Utilization Management

Date: _____

Signature: _____

Provider Name: _____

Provider Group Name: _____

Practice Address: _____

City: _____

State: CA

Zip: _____