



MANDATORY TRAINING ATTESTATION

My signature below attests to the fact that I have reviewed the Medical Documentation Training which was required of all independent providers by ValueOptions and its partner BHOs.

The training was intended to help providers understand detailed Medicaid requirements for clinical/medical record documentation and the revised audit criteria that will be used by ValueOptions beginning in 2012.

I understand that I am expected to keep compliant records as a condition of participation in Medicaid/payment, and that I may be audited by VO or by any BHO that I contract with.

Provider printed name

Signature

Date

Please return this form by email, fax, or USPS to:

ValueOptions, Inc.,
Attn: Provider Relations
7150 Campus Drive, Suite 300
Colorado Springs, CO 80920

Fax: 719-538-1433

Email: coproviderrelations@valueoptions.com