

# 2017 UAM Provider Compliance Materials Attestation

\* 1. Please complete the following information

<b>First &amp; Last Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 2. Please enter todays date

	MM		DD		YYYY
Format MM/DD/YYYY	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

UAM is requesting your companies acknowledgement on the review and receipt of the following UAM Compliance materials:

- 2017 UAM Code of Conduct
- 2017 UAM Compliance Program
- DO.PNP.005 Effective Lines of Communication
- CO-069 Delegation Oversight
- MDO-PNP-003 Monitoring Delegation Oversight Risk Assessment
- CO-005 - Compliance Training & Education
- CO-008 Investigating Potential Compliance Issues
- SCAMS.0803 PHI PII Data Security & Handling

\* 3. By affixing your name you are attesting that your company has received and reviewed the listed Compliance materials furnished by Universal American Corp.

**First & Last Name**

**Company**