



ATTESTATION

Distribution of Policies & Procedures, Anti-Fraud Plan, HIPAA Training Slides and Standards of Conduct for FDRs/Vendors

_____ *(Name of Delegated or Contracted Entity)*

Has distributed ONECare's:

(check all that apply):

- Policies and Procedures of its Compliance Program*
- Anti-Fraud Plan for Vendors/FDRs*
- HIPAA Training Slides*
- Standards of Conduct for FDRs/Vendors*

to our employees and our other contracted downstream entities on _____ (date). We have also instructed our employees and other downstream entities to review these policies and procedures and ONECare's *Standards of Conduct for FDRs/Vendors*.

Submitter Name *(please print)*

Submitter Title/Position of Authorized Representative

Submitter's E-mail Address

Phone Number

Submitter's Signature

Today's Date