



2026 Attestation

Return By: August 31, 2026

I, _____ (*individual with Signatory Authority*), hereby certify that all providers employed by _____ (*Medical Group/Practice Name*), under tax identification number (*TIN*) _____, have received and reviewed the following trainings:

- **2026 MaineHealth ACO Special Needs Plan-Model of Care (SNP-MOC) Training**
 - **2026 MaineHealth Annual Compliance Awareness Training**
 - **2026 MaineHealth Code of Ethical Conduct Review**
- (if applicable, use attached tracking sheet & list each provider who has reviewed the trainings)*

Affirmation

I hereby attest to my understanding of, and commitment to adhere to, all applicable standards of conduct, policies, and procedures. I further attest that the providers listed under this group or practice have received and reviewed the required 2026 MaineHealth trainings, including the SNP-MOC, Compliance Awareness, and Code of Ethical Conduct. I acknowledge that these trainings are mandatory requirements of the Centers for Medicare & Medicaid Services (CMS) and Medicare Advantage plans, and that this group or practice is responsible for ensuring ongoing compliance and timely completion.

Signatory Authority
(print name)

Date

Signatory Authority Signature & Title

Contact Information
(phone or e-mail)

Please submit the completed attestation form securely via email to Hayat.Freeman@mainehealth.org, **or** confidentially by fax to **207-661-8568, Attn: Hayat Freeman** (*fax cover sheet attached*).
For questions or further assistance, please email Hayat.Freeman@mainehealth.org.