



## Attestation of Medicare Compliance Program Requirements for FDRs: Disclosure Statement

By signing this document, you are attesting to all of the information contained in this Annual Attestation and Disclosure Statement and indicating that an officer, administrator, senior-level manager or compliance personnel has accessed and reviewed the compliance materials of HealthSun Health Plans, the FDR compliance training, and acknowledged receipt and understanding of the Medicare Compliance Program Requirements for FDRs.

Any violations of the CMS Compliance Program Guidelines (Chapter 9 of the PDP Manual and Chapter 21 of the MMC Manual), including Medicare Compliance Training and FWA Training requirements, the HealthSun Standards of Conduct, laws, rules and regulations and/or the Medicare Compliance Program Requirements for FDRs is a violation of your contract with HealthSun, which may result in corrective actions, up to and including contract termination.

HealthSun Health Plans will ensure that FDRs correct any deficiencies related to misconduct or Medicare program non-compliance and detail the elements of any corrective action in a written agreement with the FDR, which includes ramifications if the FDR fails to implement the corrective action satisfactorily.

### ATTESTATION

(Please complete below)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ NPI/Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please Return to:**

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