Beaumont ACO
A Physician/Health System Partnership

# Compliance Training Attestation

Practice Name: _____

Date: _____

The staff from _____, attest that we have attended the Beaumont ACO Compliance Training and reviewed the Compliance Program information for the Medicare Shared Savings Program. We understand that it is our responsibility to report any and all actual or potential non-compliance issues to the compliance officer or to the confidential Trust Line.

**ACO Confidential Compliance Hotline-Trust Line: 800-805-2283**

**Compliance information located on: https://www.beaumont-aco.org/about-us/compliance**

| Print Name | Signature |
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Please return to Beaumont ACO; via email: beaumontaco@beaumont.org or fax: 947-522-0038 (Attn: Lisa Burry)