



2022

First Tier, Downstream, Related Entity (FDR) Compliance Attestation

FDR Name: \_\_\_\_\_ FDR Address: \_\_\_\_\_

TIN: \_\_\_\_\_

Please specify whether your FDR attestation is being submitted for the entire practice (one form for all) OR individually (each Staff Member/Physician are submitting separately):

[ ] Group Attestation [ ] Individual Attestation

For a group attestation, please complete page 2 of this form to list each provider in the group.

In recognition of FDR's status and role as a covered entity contracted with Arizona Priority Care, FDR attests to the following statements:

- A. FDR has an effective compliance program in place...
B. FDR screens all employees, officers and vendors against the OIG/GSA Excluded Persons Lists...
C. FDR and all staff engaged with treatment, administration or support of CMS and health plan members have completed all AZPC's Compliance training modules...
D. FDR agrees to notify Arizona Priority Care's Compliance Officer immediately upon discovery of any FWA...
E. FDR agrees to immediately disclose to AZPC's Compliance Officer any actual or potential conflicts of interests...
F. FDR agrees to inform AZPC if FDR utilizes offshore vendors to support any work performed under the FDR's contract with AZPC...
G. FDR understands that, upon Arizona Priority Care's request, it agrees to provide AZPC's Compliance Officer with documentation to substantiate its screening, training and/or compliance and privacy program activities.

We/I have completed the above and certify it as true and accurate, as of today, \_\_\_\_/\_\_\_\_/2022.

Authorized Signatory: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please fax the roster on page 2 and this 2022 Compliance Attestation Form(s) to the Provider Relations Department at 480-403-8209 or email to providerrelations@azprioritycare.com no later than Friday, May 22nd, 2022.



## First Tier, Downstream, or Related Entity (FDR) Provider Roster

Roster of Credentialed Staff Members or Contracted Individual Providers with NPI numbers, for whom the attached FDR Compliance Attestation is attesting on behalf of:

#	Credentialed Provider/Staff (Last Name, First Name)	NPI
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Continue on Additional Pages If You Have More Than 15 Providers In Your Group