FLORIDA COMPLETE CARE
Care you need.
Compassion you deserve.

***Florida Complete Care Model of Care Attestation of Completion***

**As a Medicare Advantage Special needs plan, Medicare requires our plan to train you on our Model of Care and keep record that you completed the training.**

**By signing this form, you confirm that you have completed the Florida Complete Care Model of Care training.**

**Please send the signed form to** FC2_MOC@ilshealth.com.

_____

**Print Name**

_____

**Signature**

_____

**National Provider Identifier (NPI) Number**

_____

**Date**