



2023

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