



## ATTESTATION OF NEW PROVIDER ORIENTATION - FHK

I have received and completed Aetna Better Health of Florida's (ABHFL Self-Guided New Provider Orientation which covers the topics listed below:

- ✓ Language Assistance and Interpreter Services
- ✓ Care for Diverse Populations or Diverse Populations
- ✓ Policies and Procedures
- ✓ Communicating with Members
- ✓ Locating and referring to other ABHFL providers
- ✓ Navigating ABHFL Website
- ✓ Florida Healthy Kids covered services
- ✓ Claims Payment Policies
- ✓ Referrals and Authorizations
- ✓ Case Management

I have been educated about these essential components of ABHFL's Florida Healthy Kids (FHK) product and my responsibilities as a participating provider, including providing this orientation to new practitioners that join our practice.

<b>Date</b>	
<b>Completed by / Title</b>	
<b>Group Name (Print)</b>	
<b>Group NPI</b>	
<b>Tax identification number (TIN)</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Signature</b>	

**Important:**

ABHFL requires completion of this Attestation, in addition to a signed contract and credentialing, to complete the ABHFL provider enrollment process.

**Note:**

Failure to complete this Attestation may result in a delay of active status with ABHFL.

**Return Signed Attestation via fax or Email**

**Fax: 1-844-235-1340**

**Email: FLMedicaidProviderRelations@aetna.com**

**Internal Use Only**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Active Status Date \_\_\_\_\_