

New Provider Training

Attestation Form

Provider Group Name: _____

By signing below, I _____ attest that I have received and reviewed CenCal Health's New Provider Operations Guide, and watched the New Provider Orientation training videos located online at www.cencalhealth.org/providers/welcome-to-the-network on the following subjects:

- About the CenCal Health Provider Network
- Key Contacts
- CenCal Health Programs
- Eligibility
- Access to Care
- Covered Medi-Cal Benefits
- Referrals & Prior Authorization
- Member Rights, including the right to full disclosure of healthcare information and the right to actively participate in healthcare decisions
- Member Complaints and Grievances
- Provider Complaints and Grievances
- Behavioral Health & Mental Health Services
- Initial Health Assessment (IHA)
- Staying Healthy Assessment (SHA)
- Coordination of Care for Medi-Cal Members
- Health Education
- Cultural and Linguistics Training
- Seniors and Persons with Disabilities

Signature

Date

Print Name

Group Billing NPI#

Title

Address, City, St, Zip

☐ Our practice, including Providers and Medical Staff, acknowledges and confirms to have received Cultural Competency & Linguistics training and Seniors and Persons with Disabilities (SPD) Sensitivity training resources located within the New Provider Operations Guide or online [Cultural Competency and Health Literacy | CenCal Health Insurance Santa Barbara and San Luis Obispo Counties](#)

Please list all Rendering Physicians within your organization that received these training resources below:

Signature

Date

Print Name

Physician NPI#

Title

Signature

Date

Print Name

Physician NPI#

Title

Signature

Date

Print Name

Physician NPI#

Title

Signature

Date

Print Name

Physician NPI#

Title

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Print Name

Physician NPI#

Title