

MaineHealth  
**Accountable Care  
Organization**

**2020 Compliance Attestation**

**Due By: October 30, 2020**

I, \_\_\_\_\_ (individual with Signatory Authority) hereby certify that all providers employed by \_\_\_\_\_ (Practice) have reviewed the following trainings:

- 2020 Annual Compliance Training
- MaineHealth ACO Code of Ethical Conduct and I agree to our understanding of and willingness to abide by these standards of conduct.

\_\_\_\_\_  
Signatory authority (print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory authority (signature)

\_\_\_\_\_  
Contact Information (phone or e-mail)

Title \_\_\_\_\_

For questions or to electronically send this completed form: [pecks@mmc.org](mailto:pecks@mmc.org) or

To fax completed form: **771-2005, Attn: Sherry Peck** (fax cover sheet enclosed/attached)