



2260 Cliff Road
Eagan, MN 55122
P: 651.895.8030 F: 651.895.8070

Dear Alliance Health Care/Services Employee:

April 15, 2016

This letter is to inform you of annual federally mandated **Medicare Parts C and D Fraud, Waste, and Abuse Training AND Medicare Parts C and D General Compliance Training**. This training is mandatory for Alliance employees and must be completed by **April 29th, 2016**.

We have posted these two required trainings **on our website** for your study. If you do not have online access, the training material can be mailed, although its format is not ideal. Please attempt to gain access to the material online. If that is not possible please contact HR to request it by mail.

Please follow the instructions below to access the training material on our website:

- 1) Visit www.alliancehealthcare.com
- 2) Click on "**Miscellaneous Forms**" on the left hand side of the screen
- 3) Select "**Medicare Parts C and D Fraud, Waste, and Abuse Training**" and read through the entire material.
- 4) When finished, select "**Medicare Parts C and D General Compliance Training**" and read through the entire material
- 5) When you have completed review of both trainings please sign and return the below "**Medicare Training Complete Form**" OR you may also print this form from the website.

****If you are no longer an Alliance employee simply check the 'no longer an Alliance employee' box at the bottom of the slip and send it back or contact HR to update your status.**

Your prompt attention to this matter is greatly appreciated. Please call HR with questions at 651-895-8030.

Thank you,

Alliance Human Resources Department



Medicare Training Complete Form

By signing below I certify that I have read and understand the Medicare Parts C and D Fraud, Waste, and Abuse Training and General Compliance Training provided to me by Alliance.

******Complete, sign, and return to AHC by April 29th, 2016.******

You may mail, drop off, fax, or email this signed slip to Alliance:

MAIL/ DROP OFF: 2260 Cliff Road, Eagan, MN 55122

FAX: 651-895-8070

SCAN/EMAIL: HR@alliancehealthcare.com

PRINTED Employee Name: _____

Employee Signature: _____

Date: _____

Please check here if you are no longer an Alliance Employee.