



Welbe Health

Provider Attestation

I confirm that _____ has signed an agreement with WelbeHealth PACE and by my signature below, as the authorized representative of the Provider and/or Group, hereby attest that I understand my responsibilities as a WelbeHealth Partner.

By checking the boxes below, I attest that I have received and reviewed the following items:

WelbeHealth PACE Provider Manual: I fully understand that the information contained in the Provider Manual is intended to train Provider partners in navigating various services, policies, and procedures on behalf of the WelbeHealth PACE program. I further acknowledge that the Provider Manual shall be utilized as a resource to access important information, including claims and referral instructions, in addition to the policies included in the presiding Agreement with Coastline PACE.	<input type="checkbox"/>
Quick Reference Guide: I have received a copy and will share this copy with all office staff.	<input type="checkbox"/>
Scheduling: I understand that the Welbe Advocate Hub will coordinates and manage all appointments for PACE participants.	<input type="checkbox"/>
Clinical Documentation Process: I understand clinical case notes must be submitted following every PACE participant visit directly to PACE clinical E-fax within (7) business days. STAT/Urgent orders consult notes should be sent within (2) business days.	<input type="checkbox"/>
Authorizations: I understand that WelbeHealth provides an authorization upon referral and any additional visits and/or services must be requested but submitting an Authorization Request Form.	<input type="checkbox"/>
Credentialing: I have gathered and submitted all Provider and/or Group information requested by WelbeHealth for credentialing purposes, including but not limited: <ul style="list-style-type: none"> - Provider Roster - Complete and signed W9 Form 	<input type="checkbox"/>
I am aware of who is my assigned Network Associate is, and understand I can reach out to them directly on the event I have any questions or items I need to discuss.	<input type="checkbox"/>

Signature of Authorized Representative

Printed Name of Authorized Representative

Date Signed

Authorized Representative's Title