



**eoocco**

**EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION**

**EOCCO Provider FWA Training Completion Attestation**

I, \_\_\_\_\_, do hereby acknowledge that:  
(Provider or Clinic Name)

1. I have reviewed the EOCCO FWA Provider training
2. I understand the difference between Fraud, Waste and Abuse
3. I understand relevant federal and state laws related to FWA
4. I understand the consequences of penalties associated with violations
5. I know how to report Fraud, Waste and Abuse
6. I am familiar with proper billing practices and know how and when to report an overpayment

Signed : \_\_\_\_\_

Date : \_\_\_\_\_

Please send completed attestation to [EOCCOcompliance@eoocco.com](mailto:EOCCOcompliance@eoocco.com)