

**GEHA and Connection Dental Network FWA Attestation Form for Individual
Participating Dental Providers**

As part of the application process, applicant states that they (1) have reviewed Fraud, Waste, and Abuse training within the past 12 months and will complete the GEHA Code of Ethical Business Conduct within 90 days of the Effective Date of the GEHA Individual Participating Provider Agreement or (2) have read the (a) overview of the GEHA Compliance Program (b) GEHA Code of Ethical Business Conduct and (c) information on fraud, waste, and abuse, which includes my obligation to report compliance/ethics and fraud, waste and abuse concerns to GEHA. Items A, B, and C, as referenced above, can be found under the Resources Tab, www.connectiondental.com.

If my application is approved and I enter into an Individual Participating Provider Agreement with GEHA, I understand and agree to annually review the items referenced above as (a), (b), and (c) above and abide by the following compliance obligations:

- 1) That employees will review the materials referenced above and will be advised to report any compliance/ethics and fraud, waste and abuse concerns.
- 2) That any downstream entities with whom I contract for services relative to my dental practice will also be provided the materials referenced above.
- 3) That employees have been screened against both the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and exclusion records accessed through the System for Award Management (SAM), the system that consolidated the capabilities of CCR/FedReg, ORCA and EPLS, formally known as GSA, prior to hire or contract and monthly thereafter. Excluded individuals will be removed from providing services to Medicare Advantage plan members immediately and reported to GEHA.

Reviewed and agreed:

_____	_____	_____
Full Provider Name	Signature	Date
_____	_____	
Provider NPI	Phone Number	

Email Address		