



Imperial Health Holdings Medical Group

ANNUAL SNP MODEL OF CARE TRAINING ACKNOWLEDGEMENT
2017

Employee/Provider:

(Please write in your Name on the above line)

I acknowledge that I have completed the 2017 annual SNP Model of Care Training.

Signature:

Print Name:

License(s):

NPI/Tax ID:

County

Date:

Participating Health Plan's

- ☐ Care1st
- ☐ Blue Cross
- ☐ Alignment
- ☐ Brand New Day
- ☐ Easy Choice
- ☐ Central
- ☐ Humana
- ☐ CCHP

You may Fax or Email this signed form to:

Email: vvega@imperialhealthholdings.com

Fax: 626-521-6028