



FWA and HIPAA ATTESTATION

By signing below, I attest that I have received, reviewed, and understand the information provided to me regarding Veyo's Fraud, Waste, and Abuse (FWA) Program. I also attest that I have shared this information with the NEMT drivers transporting Veyo passengers. I agree that as a contracted provider with Veyo, LLC, I have a responsibility to report and incidents of suspected Fraud, Waste, or Abuse to Veyo as soon as it is identified to the Veyo Compliance Hotline at compliance@veyo.com or by calling **1-888-482-8458**.

Additionally, I attest that my organization understands and follows the requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and will abide by the related provisions of the Veyo Business Associate Agreement found in *Exhibit B of the Veyo Transportation Provider Agreement*.

Company Name

Company Representative

Company Representative Signature

Date

If you have questions about this notice and attestation, please contact Veyo at providersoh@veyo.com or 1-380-210-3088.

Resources:

CMS FWA training: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-MLN4649244.pdf>

HIPAA Privacy Information: <https://www.hhs.gov/hipaa/index.html>