



PROVIDER ABUSE, NEGLECT, AND EXPLOITATION TRAINING ATTESTATION

I attest that staff has received appropriate training in reporting abuse, neglect and exploitation (ANE) and will report knowledge or reasonable suspicion of these activities via the Florida abuse statewide toll free hotline at **1-800-96-ABUSE (1-800-962-2873)** in accordance with Chapter 415.1034, Florida Statutes.

Provider Name: _____

Provider TIN: _____

Group Name: _____

Email Address: _____

Provider/Office Manager Signature _____

Date _____

Please return to:

Email – FloridaProviderRelations@wellcare.com

FAX – 1-813-865-6764

