

Thank you for completing Santa Clara Family Health Plan's (SCFHP) access training.

As part of your corrective action plan on meeting compliance with access standards, you are required to complete SCFHP's access training and submit an attestation. Please complete this attestation and submit your signed copy as directed below.

Provider office information			
Provider name:	Group/Clinic name:	NPI:	
Network:	<input type="checkbox"/> PMG <input type="checkbox"/> PAMF <input type="checkbox"/> Premier Care <input type="checkbox"/> VHP <input type="checkbox"/> Independent provider(s)		
Address:	City:	State:	ZIP:
Office email:	Office phone:	Office fax:	

Attestation	
Please check the appropriate boxes to attest that your office has completed the training modules as directed by your corrective action plan.	
<input type="checkbox"/> YES, I attest that my office has completed all the training modules.	<p>I attest that my office completed the training modules checked below:</p> <input type="checkbox"/> Timely Appointment, Access, and Availability <input type="checkbox"/> Interpreter Services <input type="checkbox"/> Telephone Access and In-Office Wait Times <input type="checkbox"/> After-Hours Access <input type="checkbox"/> SCFHP and Provider Responsibilities <input type="checkbox"/> Corrective Action for Non-Compliance <input type="checkbox"/> Timely Access Standards Best Practices

<input type="checkbox"/> By selecting this checkbox and signing below, I attest that access training for the sections selected above have been completed and my office agrees to follow Timely Access to Care standards.
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Signature:		
Name:	Title:	Date:
Phone:	Email:	

Please send a copy of this signed attestation via mail, email, or fax.

Attn: Carmen Switzer, Provider Network Management
 Santa Clara Family Health Plan
 PO Box 18880
 San Jose, CA 95158

Email: carmens@scfhp.com
 Fax: 1-408-362-9817