

Return Attestation to:  
 3020 Children's Way, MC5149  
 San Diego, CA 92123



**PROVIDER TRAINING ATTESTATION**

	Initials
I have received and reviewed the provider training materials from California Kids Care, a program of Rady Children's Hospital of San Diego, which includes significant information related to the California Kids Care program and it's benefits:	
Medi-Cal Managed Care Delivery System	
About California Kids Care	
Member Eligibility	
Enrollment	
Eligibility Verification and Disenrollment	
CKC ID Card	
Staying Healthy Assessments	
Medi-Cal Benefits	
Care Navigator	
Authorizations	
Claims	
Fraud, Waste and Abuse	
Pharmacy Services	
Provider and Member Support Services	
Member Grievances	
Health Education, Cultural and Linguistic Services	
Quality Program	
Provider Relations Team	
	Initials
I understand the policies and procedures set forth and my responsibilities as a California Kids Care provider. I am aware I have access to provider tools and resources to provide the best care to a diverse community.	

\_\_\_\_\_  
 Provider's Name (Print)

\_\_\_\_\_  
 Provider Address (Street, Ste #, City, Zip code)

\_\_\_\_\_  
 Provider Phone number

\_\_\_\_\_  
 Provider email

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date Signed

**INTERNAL USE ONLY**

\_\_\_\_\_  
 Received by (Provider representative name)

\_\_\_\_\_  
 Date Received