



Aetna® Medicare FIDE (HMO D-SNP) – Provider Critical Incident Training Attestation

Dear Provider,

Illinois Department of Healthcare and Family Services (HFS) requires demonstration that providers providing care to Aetna Medicare FIDE (HMO D-SNP) members have completed the Aetna Medicare FIDE (HMO D-SNP) provider critical incident training.

In accordance with your contractual relationship with Aetna Medicare FIDE (HMO D- SNP) as a contracted provider, please have each applicable provider in your practice complete this attestation form to Provider Experience department at COEProviderServices@AETNA.com within 5 days of receipt of this letter.

Please contact Provider Experience department at COEProviderServices@AETNA.com with any questions. Thank your for your prompt response.

ATTESTATION

I attest that I received and completed the Aetna Medicare FIDE (HMO D-SNP) Provider Critical Incident training as of

Date:

Print Name:	Signature:	Date:
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NPI/TIN
Group/Facility Name
Role of attendee

Please add additional pages if required.

Email completed response to Provider Experience department at COEProviderServices@AETNA.com within 5 days of receipt of this letter.