



Deficit Reduction Act Education: A Part of Our Compliance Program

CONTRACTUAL PROVIDER ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed the Summit Pointe Deficit Reduction Act Training for contractual providers. Further, I understand that the Deficit Reduction Act is a significant component of Summit Pointe's Corporate Compliance Program.

I fully understand that, as a contractual provider of services on behalf of Summit Pointe, I have an obligation to fully adhere to these policies and principles set forth in Summit Pointe's Compliance Program, which are consistent with the promulgations set forth in the federal Deficit Reduction Act, the state and federal Medicaid Integrity Program, and the Whistleblowers' Act.

In particular, I hereby acknowledge and affirm that:

1. I fully understand, and acknowledge my commitment as a contractual provider to comply with Summit Pointe's Compliance Plan, specific finance/billing/claims procedures and policies.
2. When I have a concern about actual/suspected fraud, waste, and/or abuse, or Summit Pointe's, I will report with 24-hours of my awareness to the Summit Pointe Compliance Officer.

Contractor Signature

Date

Company Represented