



Horizon NJ TotalCare (HMO SNP)
1700 American Blvd.
Pennington, NJ 08534

FIDE-SNP 2019 Model of Care Training Attestation

I have completed the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) 2019 Model of Care training by reviewing all the information in the training document that was presented during the webinar/training session.

Name (please print)

Signature

Practice Name

Date _____

Tax Identification # _____

NPI _____

Please fax completed form to **1-609-583-3004**, or email
Provider_Relations@HorizonBlue.com.