

How to complete the Attestation:

System requirements

The following [browser requirements](#) apply to Adobe Sign:

- Microsoft Windows 10 using Microsoft Edge, Internet Explorer 11, Firefox, or Chrome
- Microsoft Windows 8 using Internet Explorer 11 or later, Firefox, or Chrome
- Mac OS X v10.9 or later using Safari 7 or later, Firefox, or Chrome

Mobile: You can complete and sign the Attestation on your mobile device.

Steps to complete your Attestation

1. Click on the [2018 Medicare Compliance FDR Attestation](#) link on the page.
2. You may use the scroll bar on the right side of the screen to review the document OR



Click the yellow “Start” on the left side of the screen to take you to the form fields that must be completed prior to signing the Attestation.

3. Complete the form fields as required to avoid getting an error message which will prevent you from signing and completing the Attestation process. (See detailed instructions on the following page.)
 - Do not enter any additional spaces before or after your entry as the system will see this as an error and you will be unable to sign.
 - Tax ID#(s) must be only numbers with no hyphens, spaces or letters: 123456789
(If you add anything but a string of numbers you will receive an error message)

After you complete all form fields (and include your attachment, if desired), click on the “Click to Sign” button on the bottom of the page



REMINDER: Check your Inbox (or Spam folder) to complete the signing process. You will receive an email shortly to verify your email address. Please click on the link in the email to complete this transaction. Your signing process will not finish until you complete this verification step. Once your email is verified you will receive a “Signed and Filed” email with a copy of your completed Attestation for your records. There is no need for you to forward a copy to Aetna as we receive a copy automatically.

Enter the following information:

Printed Name of Provider/Organization:

[Enter your name or your organization's name – use the name associated with your Federal Tax ID]

State(s)/National Provider:

[Enter the state(s) your practice/organization is located in or indicate that you are a National provider]

First Tier Organization's Authorized Representative Title:

[Enter your title]

Signature of First Tier Organization's Authorized Representative:

[Sign the Attestation]

Date:

[The date is already populated]

Are you attesting for multiple Tax IDs?

[Answer "Yes" or "No"]

Tax ID Numbers:

[Enter up to 12 Tax IDs in the form fields. Enter only numbers, do not add hyphens, spaces or letters.]

OR

[Click to Attach Attachment] to upload your Tax IDs in an Excel file formatted to these specifications:

Excel file format must include all the Tax IDs in column "A" that you want credited as part of this Attestation.

- Column A – Tax ID#s with no hyphens or spaces
- Column B – Provider, Group or Organization Name (Credit is at the Tax ID level - no need to list individuals)
- Column C – Today's date Use "Ctrl D" to fill today's date down in the column)
- Column D – Your name (the person attesting for all Tax ID#s.).

Note: You can enter your name in one cell. Then highlight that cell and drag your cursor down the column highlighting the empty cells.] Then use "Ctrl D" to fill your name down in the column.

I've attached an Excel file for multiple Tax ID#s:

[Yes, No]