# Attestation Form for Appointment Availability and After-Hours Access Requirements Training

Kansas | Healthy Blue | Medicaid

I, the provider named below or the authorized representative thereof, hereby acknowledge and attest compliance with the following requirements:

The provider attests that I or my organization have taken the Healthy Blue Appointment Availability and After-Hours Access Requirements training.

| | |
|---|---|
| Group/provider name: | |
| Provider type: | ☐ Group ☐ Individual |
| TIN: | |
| NPI: | |
| Authorized representative signature: | |
| Print representative name: | |
| Title: | |
| Date: | |

Send the completed form to ksproviderinquiry@healthybluekansas.com within 72 hours of completing the Appointment Availability and After-Hours Access Requirements training.

For quick reference, see **State-federal resources | policies-guidelines-manuals**.


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