



Model of Care Training Confirmation

All Wellcare network providers are required to complete an annual Model of Care training. Review the Model of Care training presentation. Submit this form to verify the training was completed. Scan and email to NTC-Compliance@NebraskaTotalCare.com to verify the training was completed.

Provider Group: _____

County: _____

TIN: _____

Please provide any additional TINs that should be represented on this form.

TIN 2: _____ TIN 3: _____

TIN 4: _____ TIN 5: _____

Phone: _____

Email: _____

Training Confirmation

The Model of Care training has been completed by the Provider Group above.

Form Completed by: _____

Title: _____ Date (mm/dd/yyyy): _____