

**Jefferson County Medicaid, Medicare & Third-Party Biller
Compliance Program
Annual Compliance Training
Acknowledgment and Agreement**

I hereby acknowledge that I have completed the Annual Compliance Training which provided information on Jefferson County's Medicaid, Medicare & Third-Party Biller Compliance Program and that I understand the contents thereof. I further acknowledge that I have received, read and understand Jefferson County's Code of Conduct, Code of Ethics (County employees only), and the Compliance Program policy. I agree to abide by the Code of Conduct, Code of Ethics (County employees only) and all Compliance Program requirements as they apply to my responsibilities as a County employee, contractor/subcontractor, volunteer or student.

I understand and accept my responsibilities under this Acknowledgment and Agreement and understand that any violation of the Code of Conduct, Code of Ethics (County employees only), or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of these policies can result in disciplinary action, up to and including termination of my employment or contractual agreement with the County.

County Employees Only – Complete this Section

Full Name (printed): _____
Job Title: _____
Program Name: _____
Supervisor Name: _____
Employee Signature: _____ Date: ___/___/___
Phone: _____

Send through interoffice mail or mail this completed form with your original signature (not a copy) to:

Kevin Reilly, Compliance Officer
1541 Annex Road, Jefferson, WI 53549

Contractors/Contractor Staff, Volunteers, Students only – Complete this Section

Agency Name (If applicable): _____
Full Name (Printed): _____
Job Title _____
Signature: _____
Date: ___/___/___
Phone: _____
E-mail: _____

Mail this completed form with your original signature (not a copy) to:

Kevin Reilly, Compliance Officer
1541 Annex Road, Jefferson, WI 53549