

Form 5

DMEPOS Training Acknowledgement

I, _____, acknowledge that I have read and understand the Medicare Part B DMEPOS Policy and Procedure Manual of Wynn's Pharmacy Services. It has been communicated to me in terms whereby I understand its content. I have been given ample opportunity to ask questions. By signing this, I commit to following the standards and protocol contained within the Medicare Part B DMEPOS Policy and Procedure Manual of Wynn's Pharmacy Services.

Wynn's Pharmacy NCPDP- 1127388

Employee Printed Name

Title

Employee Signature

Date

DMEPOS Coordinator Signature

Date