New York Medicaid: Think Cultural Health training – completion required by Oct. 1

Providers' identifying information							Completion date*
Tax ID number (TIN)	Last name	First name	Middle name (if applicable)	National Provider Identification Number (NPI)	Main practice address	City, state, ZIP code	Date of training completion

*** Training only from the U.S. Department of Health & Human Services**

By submitting this form, you are affirming the information listed above is complete and accurate.

United Healthcare® Community Plan

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