



# Aetna Better Health<sup>®</sup> of New Jersey

Aetna Better Health<sup>®</sup> of New Jersey  
3 Independence Way, Ste. 400  
Princeton, NJ 08540

## Provider Critical Incident Training Attestation

Dear Provider,

The State of New Jersey, Division of Medical Assistance and Health Services (DMAHS) requires demonstration that providers providing care to Aetna Better Health of New Jersey members have completed the Aetna Better Health of New Jersey Provider Critical Incident training.

In accordance with your contractual relationship with Aetna Better Health of New Jersey as a contracted provider, please have each applicable provider in your practice complete this attestation form to Ashley Lampley at [axlampley@aetna.com](mailto:axlampley@aetna.com) within 5 days of receipt of this letter.

Please contact Ashley Lampley at [axlampley@aetna.com](mailto:axlampley@aetna.com) with any questions.

Thank you for your prompt response.

### **ATTESTATION**

I attest that I received and completed the Aetna Better Health of New Jersey Provider Critical Incident training as of     Date of Training    , 2022.

**Print Name**

**Signature**

**Date**

\_\_\_\_\_

**NPI/ TIN:**

\_\_\_\_\_

**Group/ Facility Name:**

\_\_\_\_\_

**Role of attendee:**

\_\_\_\_\_

Please add additional pages if required.

Email completed response to Ashley Lampley at [axlampley@aetna.com](mailto:axlampley@aetna.com) within 5 days of receipt of this letter.