

## Provider Attestation

I confirm that I have read the *BE SMART Program Description* and am fully aware of the requirements. I hereby attest to the *BE SMART Program Description* as approved by TennCare and Wellpoint.

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Provider name (printed)

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Provider signature

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Date

**[provider.wellpoint.com/tn/](https://provider.wellpoint.com/tn/)**

Medicaid services provided by Wellpoint Tennessee, Inc.

We comply with the applicable federal and state civil rights laws, rules, and regulations and do not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **833-731-2154**.

Information about the civil rights laws can be found at **[tn.gov/tenncare/members-applicants/civil-rights-compliance.html](https://tn.gov/tenncare/members-applicants/civil-rights-compliance.html)**.