certifies that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

participated in the live activity entitled

Medicare Wellness Visits Webinar

Date:

Location: Virtual

I participated in \_\_\_\_\_\_\_ hours.

This live activity was designated for a maximum of 1.0 *AMA PRA Category 1 CreditsTM*

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*Please direct questions to:*

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