

ELECTRONIC SIGNATURES

Due to the potential for misuse or abuse with alternate signature methods, providers should use a system and software products which are protected against modification, etc., and should apply administrative procedures which are adequate and correspond to recognized standards and laws. The individual whose name is on the alternate signature method and the provider bear the responsibility for the authenticity of the information being attested to.

Please refer to the CMS Pub. 100-08, *Medicare Program Integrity Manual*, Chapter Three – Section 3.3.2.4 for additional information concerning signature requirements.

MEDICAL RECORD SIGNATURE ATTESTATION STATEMENT

NOTE: This form provides a suggested format for a signature attestation statement. Submission of a signature attestation statement and use of this form is optional.

Name of Patient:	<input type="text"/>
Medicare Number:	<input type="text"/>

I,
Print full name of the physician/practitioner., hereby attest that the medical record entry for
Date of service. accurately reflects signatures/ notations that I made in my capacity as a(n)
Insert credentials, e.g. M.D. when I treated/diagnosed the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Signature of Author of the Medical Record

Date

In order to be considered valid for Medicare medical review purposes, an attestation statement must be signed and dated by the author of the medical record entry. Reviewers will not consider attestation statements where there is no associated medical record entry or someone other than the author (even a partner in the same group practice) of the medical record entry in question signs this statement.