

Medical Record Signature Attestation Statement



Whenever it is determined that a medical signature is invalid for any clerical reason (such as an illegible written name, a printer error where all or part of the signature or written name is missing), a Medical Record Signature Attestation Statement form must be completed & sent to the requestor.

Patient's Name:	
Patient's DOB:	
Patient's SSN:	
Patient's Medicare Policy Number:	

I, _____, hereby attest that the medical record entry for _____ / ____ / ____
Print full name of the physician/practitioner *Date of Service*

accurately reflects my signature/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.

Author of Medical Record's NPI Number

Printed Title & Full Name

Signature of Author of the Medical Record

_____/_____/_____
Today's 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 and contain sufficient information to identify the beneficiary. Reviewers will not consider attestation statements where there is no associated medical record entry or from someone other than the author of the medical record entry in question (even in cases where two individuals are from the same group, one should not sign for the other in medical record entries or attestation statements).

Please complete this form and fax it back to MedCare Transportation at 443-275-1094 to the attention of: Billing