



*We **IMPACT** lives.*

Should you choose to submit an attestation statement, you may use the following or create your own.

REMEMBER: For an attestation statement to be valid it **MUST** be signed by the provider performing the service and must contain sufficient information to identify the beneficiary.

Patient FULL Name: _____

Patient Date of Birth: _____

I, _____, hereby attest that the medical record entry for Date of Service, _____, accurately reflects signatures/ notations that I made in my capacity as _____ (i.e. MD, DO, NP), when I treated 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.

Provider's Signature: _____

Today's Date: _____

