

Signature Tips



When it comes to signatures a few simple steps to remember:

- **ALWAYS sign your notes/orders** – submitted records with just a typed signature/ signature line with no handwritten or electronic signature is not acceptable
- You may print your name along with your written signature for clarification
- Initials must also have a printed name for clarification - when a note is from an inpatient setting, a full signature is preferred along with a printed name
- Notes that have been transcribed should always be reviewed and signed – either electronically or with a hand-written signature - by the author of the note
- Signatures should be legible
- Late signatures are not acceptable

Acceptable forms of signature:

- **Legible handwritten signatures or initials**
Note: Handwritten signatures should be legible and the reviewer must be able to determine whose signature is used. Stamped signatures are not acceptable.
- **Electronic signatures:** Electronic signatures should contain date and timestamps and include printed statements, e.g., “electronically signed by,” or “verified/reviewed by,” followed by the practitioner’s name and preferably a professional designation.
Note: The responsibility and authorship related to the signature should be clearly defined in the record.
- **Digitized signature:** An electronic image is an individual’s handwritten signature reproduced in its identical form using a pen tablet.
Note: This is an “actual” real time signature done electronically, like the digital sign-out with a credit card transaction.

Note: If using the digitized signature method of a written signature that is typically generated by special encrypted software that allows for sole usage, also submit your protocol outlining the guidelines followed by each user.

If you question that you have met these requirements, you may submit an attestation statement with your response, please keep in mind for this attestation statement to **be valid it MUST be signed by the provider** performing the service.

Sample Attestations: https://www.cgsmedicare.com/partb/cert/attestation_form.pdf

Patient Name: _____ (insert patient name)
Patient Date of Birth: _____ (insert patient DOB)
I _____ (insert performing physician's name) hereby attest that the medical record entry for Date of Service _____ (complete one form for each 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: _____
Provider's Typed/Printed Name: _____
Today's Date: _____

NOTE: For an attestation statement to be valid it MUST be signed by the provider performing the service.



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