

Sample Signature Attestation Statement

Based upon the Signature Guidelines for Medical Review Purposes (CMS Change Request 6698), providers will sometimes include in the documentation they submit, an attestation statement. In order for the attestation statement to be considered valid for medical review purposes, the statement must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary.

The following is an example of a valid attestation statement that may be used in the event that a provider would choose to submit one:

“I (print full name of the physician/practitioner), hereby attest that the medical record entry for (date of service) accurately reflects signature/notations that I made in my capacity as (insert provider 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.”

At this time, CMS is neither requiring nor instructing providers to use a certain form or format. The above format has not been approved by the Office of Management and Budget (OMB) and is therefore not a mandatory format.