

Hardcopy Order and Progress Note Signature Guidelines Attestation Sample

For medical review purposes, the Centers for Medicare & Medicaid Services (CMS) requires that services provided/ordered be authenticated by the author. The method used shall be a hand written or an electronic signature. Stamp signatures are not acceptable (CMS Internet-Only Manual (IOM) Publication 100-08, *Medicare Program Integrity Manual*, Chapter 3, Section 3.3.2.4)

It is therefore necessary, for Medicare Contractors, including Comprehensive Error Rate Testing (CERT) and National Government Services Medical Review and Appeals team to correctly identify the physician(s) and other individuals who performed the service(s) billed to the Medicare Program. If the signature on your submitted medical documentation is either illegible, or missing, here are some suggested formats you may follow.

Illegible signature on physician order or progress note by physician or health care professional sample signature log:

Signature	Print or type full name and title	Initials

No signature on physician order for diagnostic or therapeutic services:

Submit additional documentation such as physician progress note signed and dated by physician showing intent and medical necessity (reason) for services ordered, rendered and billed to Medicare. For therapy services – physician signature on treatment plan or progress note indicating the physician reviewed and agrees with the treatment plan.

No signature on progress/treatment note submitted – attestation sample: (Attestations cannot be used for physician orders if physician signature is missing from the order):

"I, (name of doctor) _____, hereby attest that the medical records entry for the date of service _____, accurately reflects signature/notations that I made in my capacity as M.D. when I treated/diagnosed _____."

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: X _____ Date Form Completed X _____