

Medical Record
Signature Attestation Statement

Date:

To Whom It May Concern:

Name of Patient: _____

Medicare Number: _____

I, _____ hereby attest that the medical record entry for _____
(Print full name of physician/practitioner) (Date of service)

accurately reflects orders/notations that I made in my capacity as _____ when
(Insert provider credentials, e.g. M.D.)

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.

Sincerely,

Signature of Author of the Medical Record

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. Reviewers will not consider attestation statements where there is no associated medical record entry or someone other than the author (even a partner in the same group practice) of the medical record entry in question signs this statement.

Harmony Healthcare International (HHI)

430 Boston Street, Suite 104, Topsfield, MA 01983 ♦ Tel: 978-887-8919 ♦ Fax: 978-887-3738
www.harmony-healthcare.com