

Submit this form when documentation of an order or the intent of it must be authenticated by the author via a handwritten or electronic signature. Noridian and the Comprehensive Error Rate Testing (CERT) contractor require a documented process to verify a provider's Electronic Ordering System is secure.

Please submit this form with the requested documentation for review per the reviewing entity's instructions. This should also be included in any appeals requests if applicable.

Today's Date:

Select One Line of Business: Durable Medical Equipment (DME) Part A Part B

Medicare Provider Number

Provider Transaction Access Number (PTAN):

National Provider Identifier (NPI):

CERT Claim Identification (CID):

To Whom It May Concern:

As of _____, our hospital(s), physician office or supplier (identified below) converted from
(date)
a paper to an electronic medical record. Each physician will log into and electronically sign the electronic medical record system using their individually assigned, unique, secure password/PIN.

See attachment for the physician's e-signature as displayed.

Facility, Physician or Supplier Name:

Address:

City: *State:* *Zip Code:*

Provider Name (print):

Provider Signature: