

Providers must make every effort to sign documentation before billing a service. The attestation form may be completed when the claim documentation under review has an illegible signature. Note: Contractors cannot request or accept an attestation for a late signature or an order that is not signed. For complete CMS requirements, see to CMS Internet Only Manual (IOM), Publication 100-08, Chapter 3, Section 3.3.2.4.

This attestation form is provided as a courtesy for providers to refer to and/or use. This is not a required form. Providers may develop their own attestation form, if desired.

\_\_\_\_\_  
Today's Date:

\_\_\_\_\_  
Billing Provider(s) Name:

\_\_\_\_\_  
Billing Provider(s) Provider Transaction Access Number (PTAN) or National Provider Identifier (NPI):

\_\_\_\_\_  
Beneficiary First Name:

\_\_\_\_\_  
Beneficiary Last Name:

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Date(s) of Service:

**Attestation Statement:**

I, \_\_\_\_\_, hereby attest that the medical record entry for  
*(provider name)*  
\_\_\_\_\_ of service accurately reflect signature/notations that  
*(date(s))*

I made in my capacity as \_\_\_\_\_  
*(Physician, Non-Physician Practitioner (NPP), etc. credentials)*

when I diagnosed/treated the Medicare beneficiary listed above.

I do hereby further 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 and credentials:

\_\_\_\_\_  
Provider Initials:

\_\_\_\_\_  
Date:

For an attestation statement to be valid, it must be signed by the ordering/performing provider.