

Notice to Physicians

Physician Printed Name: _____

Please read, sign and date each of the following three sections.

MEDICAID payment to hospitals is based, in part, on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of federal funds, may be subject to fine, imprisonment, or civil penalty under applicable federal laws.

I acknowledge the foregoing notice.

Physician Signature

Date

MEDICARE payment to hospital is based, in part, on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of federal funds, may be subject to fine, imprisonment, or civil penalty under applicable federal laws.

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Physician Signature

Date

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