

Statement of Attestation

"I, [*print full name of the physician/NPP*], hereby attest that the medical record entry for [*date of service*] accurately reflects signatures/notations that I made in my capacity as [*insert provider credentials, e.g., M.D.*] when 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."