## ATTENDING STAFF ASSOCIATION

LOS ANGELES COUNTY + UNIVERSITY OF SOUTHERN CALIFORNIA HEALTHCARE NETWORK



## MEDICARE ACKNOWLEDGMENT STATEMENT

## NOTICE TO PHYSICIAN

MEDICARE PAYMENT TO HOSPITALS IS BASED ON 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.

**************	************
APPLICANT'S SIGNATURE	DATE
PRINT YOUR NAME	SERVICE