

Physician Signature Attestation

Notification Date: 29 APR 2019

Effective Date: 29 APR 2019

## Physician Signature Attestation Statement

Please be advised of a recent edit to South Bend Medical Foundation test requisitions. In order to comply with the documentation requirements of CMS and other payors, the following "Signature of Ordering Provider" box has been added to the top of all requisitions:

<p><b>**This signature attests that in the medical records I have underlying documentation supporting medical necessity**</b></p> <p>Signature of Ordering Provider _____</p> <p><b>*REQUIRED*</b> (Signature must be dated, legible, and include first and last name)</p> <p>Date _____</p>
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At this time, **testing will not be delayed** if a signature has not been provided. While a physician signature is not required, please bear in mind CMS requirements state, "The physician must clearly document in the medical record his or her intent that the test be performed". This documentation may later be requested for payment.

When a payor requests additional documentation, such as a required physician signature, and one has not been provided, SBMF Billing will issue a letter to the ordering provider requesting the needed documentation. If your practice should receive a request for further documentation, and you have questions in regards to the claim associated with the letter, please feel free to contact our Billing Department at 1-800-937-7263.

[SBMF online Test Directory](#)

**Questions:** Please contact **CLIENT SERVICES 800-950-7263**

Technical Notices and Lab Alerts are distributed electronically.

Email addresses may be added/unsubscribed at our website: [Client Notices](#)

## SOUTH BEND MEDICAL FOUNDATION

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