

**ATTESTATION NOTICE ACKNOWLEDGMENT
MEDICARE/CHAMPUS**

NOTICE TO PHYSICIANS: MEDICARE/CHAMPUS 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 hereby acknowledge to Decatur County Memorial Hospital that I have received and read the above Notice.

Date: _____

Physician Signature

Witness

Physician Name (Typed or Printed)